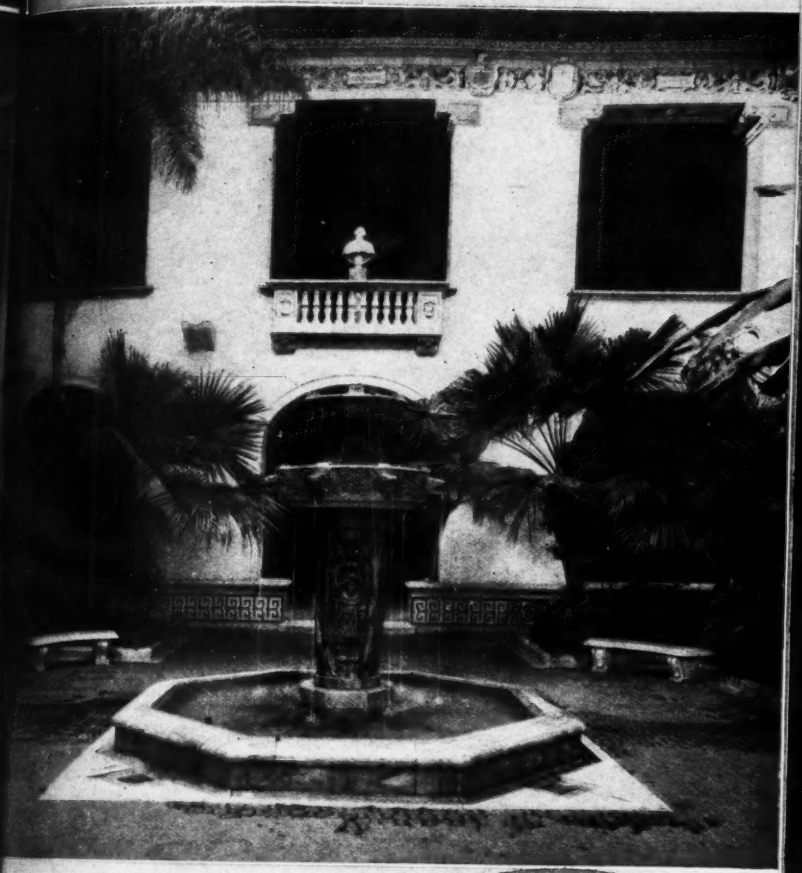


The Patio, Pan American Union, Washington, D. C.

JOHN CRERAR
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Oral Hygiene

Priceless FORCEPS NEED PROTECTING TOO!



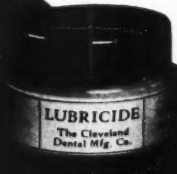
CLEV-DENT

Protect your Forceps from the Hazards of Sterilization!

Now that it is difficult if not impossible to replace extracting forceps and rongeurs, every possible precaution should be taken to prevent their rust and corrosion from sterilizing.

Do not place forceps in the sterilizer when the water is cold or allow them to cool in the water after sterilizing. Use borax or sodium nitrite to neutralize impurities in the water which attack steel.

Apply LUBRICIDE to the inner surface of the joints of forceps after sterilizing to prevent rust at this vital point.



THE *Cleveland* DENTAL MANUFACTURING COMPANY

CLEVELAND, OHIO • U. S. A.



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NTAL
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GOODWILL

isn't rationed!



. . . and you can build plenty of it now—for both the present and the future—in the effective advertising section of Oral Hygiene!

Dentists are reading Oral Hygiene more intensively now than ever before because only in Oral Hygiene can they find comprehensive treatment of their wartime problems. Oral Hygiene has always carried more articles dealing with dentists' non-technical problems than any other dental magazine. Now those non-technical problems rank first in importance to the dentist-reader.

Whether he goes to war or stays at home, the dentist wants to know what he will be expected to do in the armed forces *if* he is called to serve—he wants to know what the military set-up is—he wants

advice on managing his practice in the rapidly changing wartime world of today. He *must* know the right answers quickly because time is so short and things happen so fast these days.

So he reads Oral Hygiene—not just for pleasure, or for profit—but because it is the *only* magazine that gives him the answers to his wartime questions, and gives them to him *immediately*.

When you wonder how you can possibly keep the friendly contacts with dentist-customers that Jack and Bill and Jim built up in their territories before they went off to make purely unfriendly contacts with the Axis—remember that you can reach the dentists, can keep them *reminded* of your name, can keep them *wanting* your product (even if you can't sell it to them now), can hold your dental market intact for post-war sales by using the advertising pages of the magazine that dentists are reading *most, now.*

Oral Hygiene

THE MAGAZINE WHICH HAS, FOR 32 YEARS, CONSISTENTLY LED IN RESULTS



5 cents a year per dentist buys twelve double-page spreads in ORAL HYGIENE

1005 LIBERTY AVENUE, PITTSBURGH, PENNSYLVANIA



27,000 DENTISTS STRESS SIX MAIN USES FOR

DERMA-MEDICONE

1. NOVOCAIN DERMATITIS
2. IN DRY TOOTH SOCKETS
3. CRACKED LIPS; MOUTH SORES
4. CHAPPED HANDS
5. POSTDENTAL PAIN
6. SORE GUMS UNDER DENTURES

DERMA MEDICONE

Because of its blandness and harmlessness, DERMA MEDICONE is an excellent first aid ointment for wounds, burns and scalds.

At all Prescription Pharmacies $1.00

MEDICONE COMPANY

225 VARICK STREET **NEW YORK, N. Y.**

The Publisher's Corner

By Mass **Number 262**

DOCTOR JOHN J. JAFFIN, who practices in New York and has many celebrities for patients, wrote the CORNER a while ago that there's a new extraction forcep looming on the dental horizon. His friend Bobby Clark, the comedian, invented it, and got pretty mad when John laughed at the idea of Bobby being able to think up anything like that. The forcep is patterned on a French corkscrew which Bobby Clark saw in Brest. It really isn't a corkscrew at all. Two claws clutch the cork (or tooth) and power is applied by means of a gadget that looks like a folding necktie rack. Maybe Robert has something. Could be.

* * *

Doctor H. M. Cumbler of Harrisburg, Pennsylvania, writes to this column to ask, "Did you ever hear of a Negro committing suicide?" and then without waiting for a reply, answers his own question in the negative, explaining, "When a white man has trouble, he worries and worries, and finally shoots himself. When a Negro has troubles, he worries and worries, and finally falls asleep."

And from down in the deep South, another friend of this department, Dave Lane, sends this: "In a little Southern town, a mob was fixing to lynch a man when a very dignified old judge appealed to them not to put a blot on their town by lynching anyone. 'The thing to do,' said the judge, 'is to give him a fair trial, and *then* lynch him.' "

And Dave and another CORNER customer, Bill Williams of Pittsburgh, each sent this in, a letter to his mother from a colored member of the armed forces:

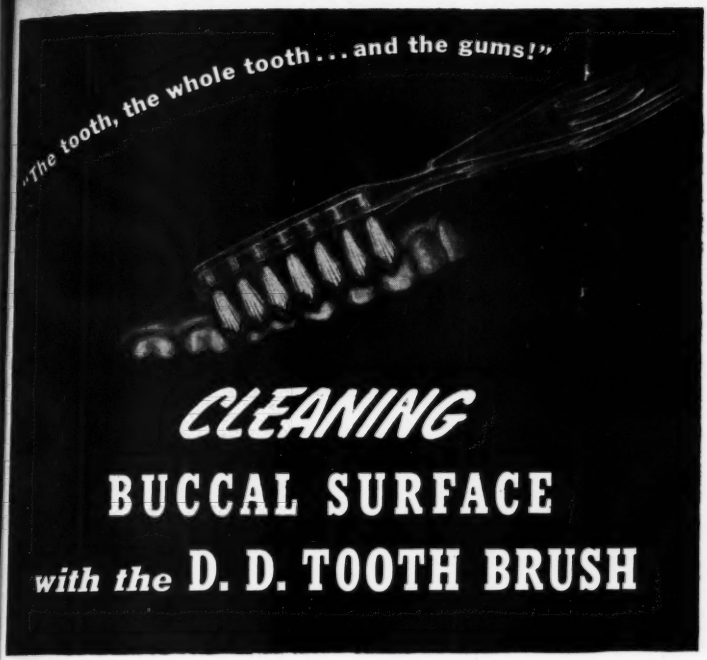
"Dear Mama: Here I is over in Jerusalem where Christ was born, and I wish to Christ I was back in Birmingham where I was born."

* * *

There was a very vigorous resolution to try to get back on the beam this month after the cantaloupe-cracking, and do some real work for this issue. But the temptation to continue to escape toil has been too strong—hence, the quoting and unquoting, which, at that, may be more acceptable to the CORNER's clients. So, then, some more from the mailbag:

ORAL HYGIENE's old friend, and mine, Doctor Fred Runge of Houghton, Michigan, was feeling

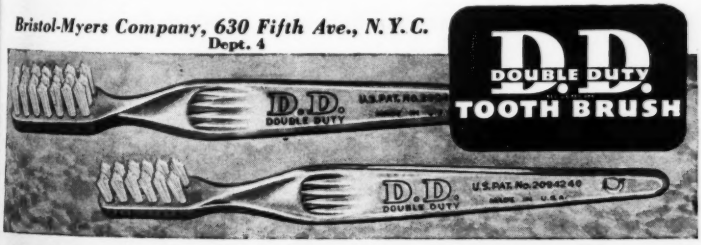
(*Continued on page* 446)



THE D. D. Tooth Brush—with its correct brushhead, springy bristles and scientifically spaced tufts—is ideally suited for buccal brushing. It not only efficiently cleans the cervical tooth surfaces and interdental embrasures, but it also gently massages nearby gingival areas.

Buccal surfaces, lingual areas, occlusal planes, every accessible tooth surface is adequately reached and cleaned by the D. D. Tooth Brush. Both the Two Row D. D. Tooth Brush and the Three Row D. D. Tooth Brush have the exclusive twisted handle which is naturally grasped by the hand for easier, more correct and more efficient tooth cleaning and gum massage.

Bristol-Myers Company, 630 Fifth Ave., N. Y. C.
Dept. 4




DON'T
Let your nurse spend hours making sponges by hand
SAVE TIME
DO
Save her time by ordering J & J Exodontia Sponges

• Your nurse's time is more valuable now than ever before. Save it for more important duties. Order machine-made cotton-filled Exodontia Sponges. Much more convenient . . . uniform . . . absorbent. Supplied in sizes 2″ x 2″ and 3″ x 3″. Boxes of 500 or 1,000 (sterile), and 2,000 or 5,000 (non-sterile). Order from your dealer.

IN WARTIME!

DENTAL DIVISION

Johnson & Johnson

NEW BRUNSWICK, N. J. CHICAGO, ILL.

EXODONTIA SPONGES



(*Continued from page 442*)

philosophizy when he wrote:

"Illusions are cushions for the soul; without them, we are robots, and even when our common sense warns us of their futility we hug them the closer lest we expose ourselves in all our nakedness to the unbearable harshness of reality. Escapism? So what!

"I have just passed the sixty-fourth milestone of my life. Were I to put in enough time to regret my mistakes, I would waste too much of the remaining years, so they are written off, as were those of the choir boy whose friends etched this epitaph on his tombstone: 'Here lies Jack Hill. He done his damndest; angels couldn't have did no more.'

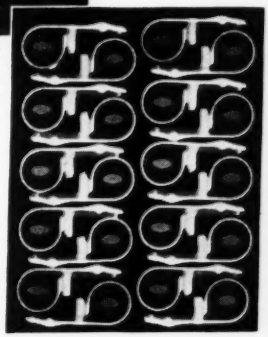
"Plans are made to be frustrated. So more plans are made. If we always arrived at the goal by the direct route as per diagram, we would become nuisances to ourselves and to others. If our fears were always realized, we would face an anarchy of events that would swamp us for all eternity. Bumps and recoveries mellow and temper us. More of us show up well under the scourge of adversity than in prosperity.

"Part of your fate seems to be my inflicting upon you what, for want of a better term, I choose to call my philosophic reflections. Like a geyser, I spout off at irregular intervals; and probably, like the aforesaid geyser, I am pretty much all wet."

Keep on spouting, Fred.



Below: radiograph of tray of small castings



OW X-RAYS HAVE HELPED *Speed Up* THE WAR EFFORT

United Nations answer the arrogant ge of their enemies with the world's hting men, industry works at top to keep our forces supplied with ld's best equipment.

ss in making better things faster hyper-critical inspection methods nsure a steady flow of high quality ts. When peacetime inspection ds were found to be inadequate in G. E. engineers developed the tic X-Ray Unit which provides spection of small castings with line speed and technique. Trays castings pass under an x-ray unit, ed, and move on. Thus x-ray in- time is keyed to rapid production time, with no sacrifice in efficiency of the critical x-ray eye.

As a dentist you will quickly see how the rapid advancement of x-ray technology in any field will benefit you in your own field. Just as industry's manpower has benefited from dental radiography with the world famous G-E Model CDX dental x-ray unit in the hands of progressive dentists, so dental radiology will benefit from this war-time progress of industrial radiography.

GENERAL ELECTRIC X-RAY CORPORATION

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Today's Best Buy – U. S. War Bonds

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This is why

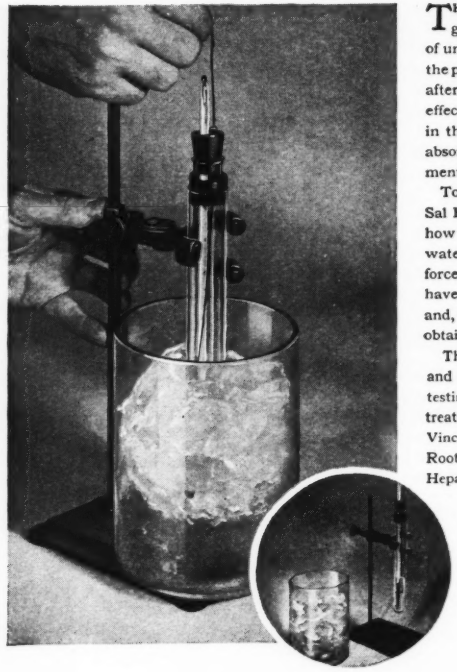
the "adaptability"* of Fleck's Cement

is important...

* **FLECK'S CEMENT** is thoroughly plastic in a thick, dense mix. Therefore, the closest inlay, crown or bridge adaptation can be accurately seated with **FLECK'S CEMENT**. Plus this fact: that with Fleck's Cement (due to density of mix) they will be as strongly cemented as any adaptation no matter how thick its cement wall. For complete assurance and absolute safety, use **FLECK'S CEMENT.**

MIZZY, INC. • NEW YORK, N.Y.

FREEZING POINT INDICATES OSMOTIC POWER OF SAL HEPATICA TO PRODUCE LIQUID BULK IN BOWEL



THE LIQUID BULK of Sal Hepatica acts gently and reliably to rid the costive bowel of unwanted waste. The bowel is flushed and the peristaltic musculature stimulated shortly after administration of Sal Hepatica. The effective laxative action of Sal Hepatica lies in the osmotic power of the temporarily unabsorbable *liquid bulk* it brings into the alimentary tract.

To learn accurately the osmotic power of Sal Hepatica, tests were made to determine how much it reduced the freezing point of water—a truly scientific index of osmotic force. Sal Hepatica was definitely found to have a considerably lower freezing point and, therefore, higher osmotic pressure than obtained in normal fluids and cells of man.

The *liquid bulk* of Sal Hepatica acts gently and thoroughly to flush waste from the intestines when an eliminant is needed in the treatment of Periodontoclasia, Pulp Infection, Vincent's Angina, Chronic Abscesses, Retained Root Fragment and Sinus Involvement. Sal Hepatica makes a zestful, effervescent drink ..

Send for literature.

Sal Hepatica solution is placed in glass tube so that it covers mercury in Centigrade thermometer. The tube is then immersed in a container of ice. Sal Hepatica solution showed low freezing point denoting high osmotic pressure which produces liquid bulk in alimentary tract.

SAL HEPATICA



SUPPLIES LIQUID BULK TO FLUSH THE INTESTINAL TRACT

Bristol-Myers Company, 19 L West 50th St.. New York, N. Y.



A 2-WAY MEAT EXTENDER

NABISCO SHREDDED WHEAT readily adaptable to numerous meat extender recipes and supplies valuable nutrients

In the search for meat extenders and meat substitutes in the wartime diet, it should be recognized that whole wheat contributes, in addition to protein, appreciable amounts of other elements present in meats—such vital elements as iron, phosphorus, niacin and thiamin (Vitamin B_1).

Because Nabisco Shredded Wheat is 100% whole wheat and contains all of these health-building elements, it becomes a logical meat extender in wartime recipes—such as the meat ball recipe illustrated above.

In addition, because it is toasted in slender strands, Nabisco Shredded Wheat is easily crushed and readily utilized in a great variety of appetizing meat extender recipes.

In such recipes the toasted nut-like flavor of Nabisco Shredded Wheat brings out the best flavors in meats. Good appetite and balanced diet are both successfully maintained.

When recommending Nabisco Shredded Wheat, it is well to insist on the original Niagara Falls product.



NABISCO

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NATIONAL BISCUIT COMPANY

SHOW YOUR PATIENT SI

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EYES CHANGE RAPIDLY
as every eye glass wearer knows but
no more rapidly than MOUTH TISSUES CHANGE
as every denture wearer should know

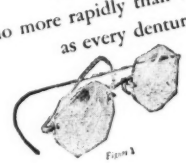


Figure 1

Eyeglasses do not change.



Figure 3

But eyes do change. So eyeglasses that were right for you only a few months ago become wrong, the result being eye strain and loss of vision, and possibly headaches, stomach trouble, or other health disturbances.

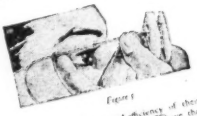


Figure 5

To protect the health and efficiency of their eyes, persons wearing eyeglasses should have their eyes periodically examined and retested either with new lenses or old lenses reground.



Figure 2

Dentures do not change.

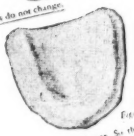


Figure 4

But mouth tissues do change. So the denture that fits perfectly one year in a few months become loose, the result being irritation and discomfort, abnormal destruction of gum tissue and loss of masticating efficiency.



Figure 6

Likewise, to protect the health and functional power of their gums [illegible] wearing dentures, artificial dentures should have their mouths periodically examined and retested either with new dental plates or the old dentures relined.

MOUTH TISSUES CHANGE . . . SEE YOUR DENTIST



FASET
ALKALINE D ATE PO

SIMPLE FACTS ABOUT

RESORPTION

A few educational illustrations about alveolar resorption such as those reproduced on the opposite page can mean a big plus to your practice.

Denture Closeups includes the eyeglass analogy and other descriptive material to aid in showing patients why a return to their dentists is necessary for readaptation.

This brochure stresses "Mouth tissues change—see your dentist." Copies are now available for use at the chair.

Fasteeth national advertising also stresses the mouth tissue change story. This institutional copy is designed to send patients back to your office.

Fill out the coupon below for your copy.

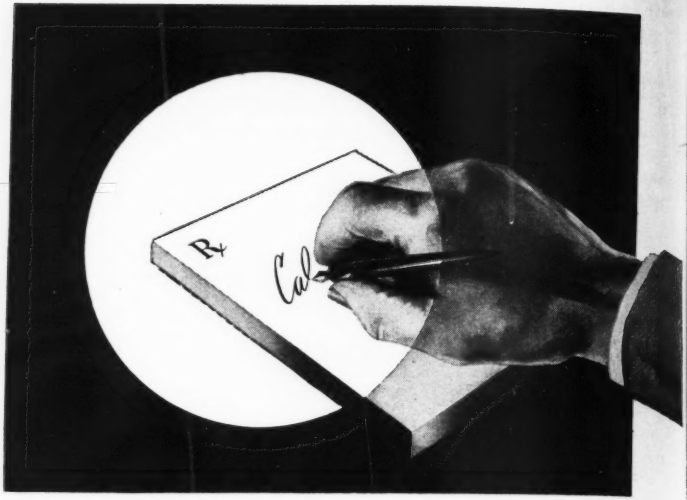
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Dr. .....

Address .....

City .....



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On Its Finer Expression Depend the Patient's Appearance, Poise, Confidence . . . His Happiness

NATURAL teeth are fluorescent. They reflect not only their own colors, but colors which they absorb from the surrounding tissues.

Teeth that are to satisfactorily replace natural teeth . . . that are to belong . . . must be fluorescent. They must have natural colors which can be chosen to harmonize with the general complexion. Then they must take up and reflect the colors of the individual complexion.

That means Trubyte New Hue shades in translucent and fluorescent porcelain!

TRUBYTE NEW HUE TEETH

★ The Forms You Need

★ The Shades You Need

★ The Sizes You Need

for a finer expression of your skill

DENTISTS' SUPPLY COMPANY OF NEW YORK

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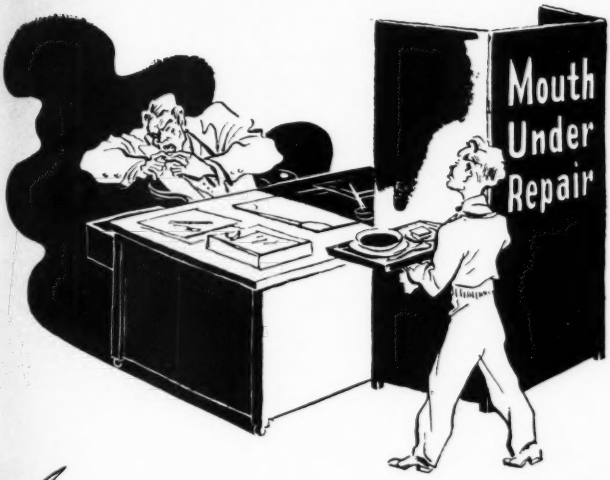


We sell Pro-phy-lac-tic Tooth Brushes, month in and month out. Right now we are singing praises of

Pro-phy-lac-tic Tooth Powder



Here's a top quality dentifrice which does a grand job of helping the tooth brush do its important prophylaxis work. Polishes without undue abrasion. Unusually pleasant tang. Exceptionally economical. Pro-phy-lac-tic Brush Co., Florence, Mass.



Until postoperative pain subsides and sore gums heal, patients must often discontinue wearing even the most carefully constructed of new dentures. During this time, many people will frequently be not only socially embarrassed, but also will have to forego the pleasures of normal eating. Fortunately, you can minimize these handicaps by offering the symptomatic relief for tissue irritation provided by Butyn Metaphen Dental Ointment. This *Abbott* preparation, combining the prolonged anesthetic effect of Butyn 4% with the antiseptic action of Metaphen 1:1500, alleviates postoperative pain and discomfort *quickly* and *effectively*. It is neither unpleasant to the taste nor irritating to the tissues, and may be easily applied to the surface of the denture coming in contact with the gums. This unique agent is available through all prescription pharmacies in ¼-ounce collapsible tubes which patients may conveniently use at home, or in 1-ounce tubes equipped with a special nozzle for office use. ● In addition, you will find Butyn Metaphen Dental Ointment most useful in both prophylaxis and treatment of trauma from extraction, "dry sockets," pyorrhea pockets and as an anodyne dressing following scaling.

ABBOTT LABORATORIES, North Chicago, Illinois.

Butyn Metaphen Dental Ointment

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BUT all the Skill these hands possess in fashioning delicate cast gold restorations is lost when expressed in inferior materials. Cast your restorations in these Jelenko Golds. They are worthy media for skilled hands to use.

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Simple Inlays with Protected Margins
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Gold Justifies Dentistry's Belief that Nothing is too Good for the Human Mouth . . . . . .

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Dental Golds & Specialties
136 West 52nd St. — New York, U.S.A.

Oral Hygiene

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Dentists—Keep Fit and Like It ..... *W. Keith Pegg, M.S. in P. E.* 475

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Essential
for DENTISTS
Who Are Often Out On Their Feet

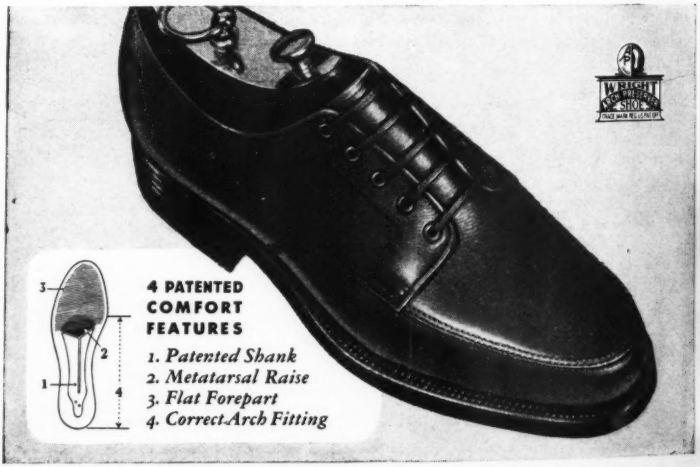


It's amazing, the number of dentists whose feet give out under today's longer hours. The results often extend to legs and back, too! If straining hours beside the chair cause *your* feet to "lie down on the job", just slip into a pair of Wright Arch Preserver Shoes. They will give you an immediate sense of soothing relief through four scientific foot-health features. Write for name of your nearest dealer and a style folder. E. T. Wright & Co., Inc., Dept. O-10, Rockland, Massachusetts.

WRIGHT
Arch Preserver
SHOES

FOOT TRANSPORTATION FOR ACTIVE DENTISTS*

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FRONT LINE PROTECTION

It is now generally realized that many systemic diseases have their origin in dental infection.

The dentist knows that he can do much to improve the health of his patients and forestall disease by emphasizing thorough day-to-day prophylaxis, as well as frequent visits to the dental office.

Therefore, Why Not Suggest
This Tested Regimen

1. Phillips' Milk of Magnesia Tooth Paste or Phillips' Milk of Magnesia Tooth Powder—safe, efficient, cleansing dentifrices.
2. Phillips' Milk of Magnesia—a mild mouth antacid.
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Milk of Magnesia

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have all the properties you desire for finer, better, dental soldering.

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They pull themselves into fine openings and follow points of contact quickly, smoothly.

HIGH STRENGTH

They have sufficient strength to withstand the stresses frequently imposed upon small joints and solder restorations.

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if handled with no more than ordinary care, because their balanced formula reduces pitting to the minimum.

NO BURNING OR CUTTING—THEY ARE SAFE

Danger of burning through has been reduced to the minimum—a gratifying feature noticeable particularly when these solders are used on gold crowns of low karat, thin backings, and delicate orthodontic parts.

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They vary from each other in melting range which aids step soldering, and each can be held in a semi-plastic state and added-to readily to build any shape desired for solder bridges, etc.

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20K	.730	1.71	2.06
18K	.650	1.53	1.91
18K	.615	1.41	
18K	.585	1.34	
16K	.570	1.31	1.70
16K	.530	1.25	
16K	.500	1.18	
14K	.490	1.16	1.58

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Silver content 70%. High strength. Low flow. Rapid setting. Good color. High tarnish resistance.



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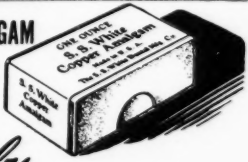


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3. **100% of those who on examination had normal gums, maintained gums in healthy condition.**

Don't you think these results should more than justify so many dentists recommending Forhan's for over a generation? Massaging the gums and brushing the teeth twice daily with Forhan's is an excellent home adjuvant to help guard against Gingivitis.



Forhan's

THE FIRST AND ORIGINAL TOOTHPASTE FOR MASSAGING GUMS AND CLEANING TEETH

Picture of the Month



Press Association, Inc. Photo.

DENTAL OFFICER ACTS AS POSTMASTER

UNDER THE SIGN "No Japs sent C.O.D." Dental Officer E. E. Donilon of Providence, Rhode Island (center) operates the post office for the American forces on Guadalcanal. At his left is Noel McGlathery, Petty Officer, second class, of Dallas, Texas, and at the right Petty Officer, first class, Wade M. Glover, also of Dallas, holds a native pig "Tojo," the post office mascot. Navy photographer L. Z. Gentry made the picture.

Ten dollars will be paid for the picture used in this department each month. Send your contributions with return postage to ORAL HYGIENE, *706 Church Street, Evanston, Illinois.*

Let's Not Make the Same Mistakes *Twice*

By ROLLAND B. MOORE, D.D.S.

RIGHT NOW IS not too early for dental organizations to plan a set-up for dental rehabilitation after this war. Millions of our men and women will be coming home needing dental attention and they must have it! We owe it not only to those who are in our armed forces but also to the courageous men in our merchant marine. What are we going to do for them and how are we going to handle this need for dental rehabilitation?

Here is a workable plan by which everyone eligible for dental treatment through war service could receive care with a minimum of delay. Establish clinics with a full-time personnel on straight salary, with a supervisor in charge who would see that all oral examinations are made and the needed services given. He could handle all paper work or it could be sent to Veterans' Administration headquarters in Washington. It would do away with high-priced district headquarters, it would speed up the work, and there would be no more oral examinations at $5 per, and $15 for

---

"When I look back to my connection with the United States Veterans' Bureau just after World War I as a 'Designated Dentist,' I wonder if the present Veterans' Administration, as it is now called, will make the same mistakes and create the same injustices after this war as its predecessor did.

"The old plan of Designated Dentists was good but it had many faults. The greatest one was in the District Headquarters, which had many states under each district's jurisdiction. There was too much delay in paper work. Applications were not acted on for weeks after being received and there were far too many decisions on applications that were actual injustices. There should have been state headquarters to speed up the work."—*Rolland B. Moore, D.D.S.*



Refused dental comfort at a cost of thirty pieces of silver.

full mouth X-ray pictures. In order that no one not in the eligible bracket receive dental service, all entitled would make application direct to Washington, or present their honorable discharges to the supervisor of the clinic.

Because there was no such plan after the last war, there was unlimited confusion and waste. I was appointed a Designated Dentist in 1920 and served six years. When I first received my appointment, only fixed bridges were allowed. About nine months or a year later all Designated Dentists were ordered to put in no more fixed bridges as nothing but removable bridgework with cast clasp abutments would be allowed from then on. This order continued in force more than a year. Then the Bureau found that the abutment teeth decayed rapidly under the clasps. Thousands, possibly hundreds of thousands of abutment teeth were lost through decay under the clasps. Orders were again changed and nothing but fixed bridges with gold crown abutments were allowed. Why didn't the Bureau find out what effect cast clasps would have on tooth structure before issuing any such sweeping order as it did?

Injustices Frequent

There were many gross injustices by the Bureau. Some veterans were turned down for dental rehabilitation who were entitled to it. Others who were not; according to the rules governing eligibility, received it.

I have in mind a veteran who

was sent to me from an adjoining county for a dental examination. He was a fine, broad-shouldered young man of perhaps thirty years of age. As soon as he came in I saw that his right arm was amputated at the shoulder. He told me that before he volunteered he had been a road contractor but the loss of his arm prevented him from again engaging in his line of work and that at the time he was in bad financial straits. I placed him in my chair and went on with the examination. He said he could eat nothing sweet or sour, nor drink anything hot or cold without having intense pain. After looking at his teeth I found that nearly all of his upper and lower anterior teeth had cavities along the gum margin. Outside of this, his teeth were perfect—not a restoration, no teeth missing, and his occlusion was correct.

This man had been badly wounded at the battle of Belleau Woods. His back had been riddled by shrapnel and his arm so badly mangled it had to be amputated. He had been in a hospital in France for months before being evacuated to the Walter Reed Hospital in Washington. He was there several months and then sent to a hospital in the Middle West. In all he had been hospitalized over two years. I found this man needed about ten silicate restorations which would have cost the Bureau less than $30. This man's application for dental rehabilitation was turned down. He came in to see me a few days later. I told him I would ask for a review of his case by the District Headquarters. They turned him down again. He was bitter toward the Veterans' Bureau. Do you blame him? Are we going to allow things like this to happen again? Suppose your son had come home in the same condition as this young man. How would you feel toward a Veterans' Bureau that refused your son dental comfort at a cost of less than $30—thirty pieces of silver?

I had cases of drafted men who had been in service less than four months and had never been outside of the United States and whose work estimate ran as high as $185 and the service was allowed and I received my money for it.

I remember one young man, too young to get into Service during the war, who enlisted in the Army of Occupation. His treatment was allowed even though he had not enlisted for a year or more after the Armistice. I had others who were among the first to go and the last to come home—and they received nothing.

I believe in justice to all who served in the war and that every veteran who needed dental rehabilitation should have had it. Will our present Veterans' Administration follow in the footsteps of the old Bureau? It is up to the dental profession to do something without delay. Do we want the same old setup and the same mistakes and injustices as before?

Let's not make the same mistakes twice!

Box 151 A, Edmond, Oklahoma

HOW TO KILL A DENTAL PRACTICE



ARMY DENTIST Aids Fliers in New Guinea



By GEORGE WELLER*

Resourceful dentist in Papua makes bone chisel out of a screwdriver.

IF ANYBODY ever writes a war book called "Front-Line Dentist"—and why shouldn't he?—you'll be able to tell who it is about without opening the cover. It will be about Captain Charles McCracken, a middle-sized, plumpish dentist from Tulsa, who has settled down among the American fighter pilots and has had his fingers in the mouth of virtually everybody of importance who is septic in Papua. And that is a lot of people.

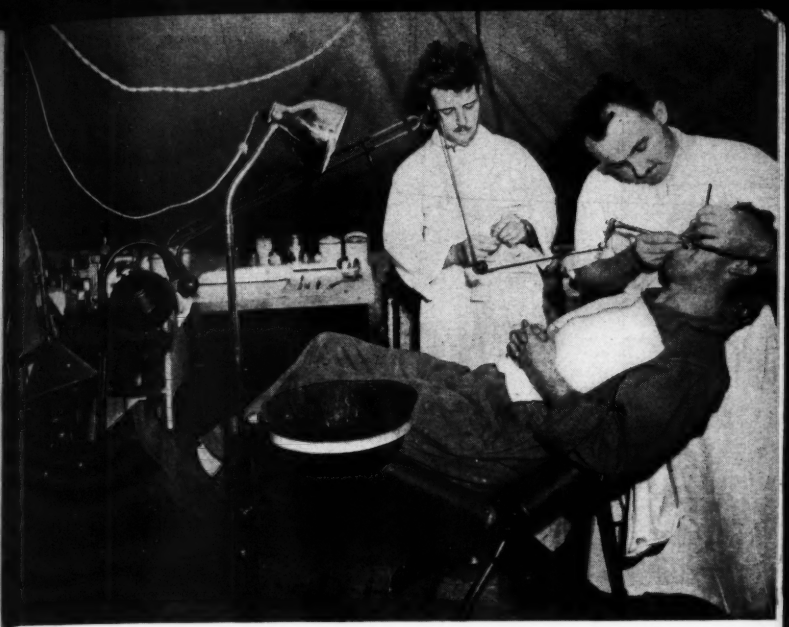
Fliers, especially fighter pilots, are at their prime in cloud warfare at the age when their wisdom teeth are just emerging. They get both metaphorical and real wisdom teeth at the same time. And teeth are very susceptible to high altitudes where our Airacobras and Kittyhawks lock with Jap Zeros. Wisdom teeth, especially, begin to give pain above 20,000 feet. Consequently, when a pilot's need for vigilance is greatest, he may suddenly be stabbed with a toothache.

Almost in Sight of Japs

Doctor McCracken, who is 29 and a graduate of Loyola University, New Orleans, started his front-line life when the Jap posts could virtually be seen from his revolving chair. He was then quartered in a pyramidal tent upon ground sloping downhill. Whenever he said, "open please," his left foot was on ground several inches lower than his right. From the other side, he looked downhill into the patient's widened mouth.

Lacking a bone chisel in those days, McCracken made one from a screw driver. His motor for his drill

*Reprinted through the courtesy of the *Chicago Daily News* Foreign Service.



Doctor Charles E. McCracken (right) gives an Army man a dental treatment in a tent he used for an office in the early days in New Guinea.

was purloined from a refrigerator. He worked nine hours daily. Now, with the Japs driven across the Owen Stanley range, McCracken has two chairs instead of one and he often works from 10 to 12 hours daily instead of nine. He has two assistants, Wilbur Nichols of Peoria, who once worked in a dental laboratory there, and Virgil Dockery, of Nashville.

Doctor McCracken now has a screened-in laboratory with a thatched roof and hip-high thatched walls built by bushy-headed Papuans without a single nail. Everything is tied together with grass and bamboo thongs. He has even been able to get screening against the ever-present flies and mosquitoes.

Shared with Surgeon

These quarters Doctor McCracken shares with Major Reynolds Smith of Oakland, flight surgeon of the Airacobras under Lieutenant Colonel Richard Legg, a West Pointer from Alma, Nebraska. Both doctors have bamboo tables with bamboo weights. This American dispensary is the only qualified office in New Guinea where six-four eyesight tests for fliers can be given.

In humid New Guinea, Doctor McCracken works shirtless, with only a white tunic over his torso. He dusts with sulfanilamide pow-



This picture was taken inside Doctor McCracken's new office, a grass hut, built by native Papuans without the use of a single nail.

der in all his treatments as an infection preventive. Teeth are filled with a concrete and metal alloy overlay, because this seems to give better results in the tropics. One ground crew man, fresh from the United States, needed 16 such fillings.

An Army dentist has only his conscience as his guide and he can be as energetic about his job as his duty tells him. Doctor McCracken's energy may be judged by the fact that in December he was reminding them of their appointments after the New Year.

Note:

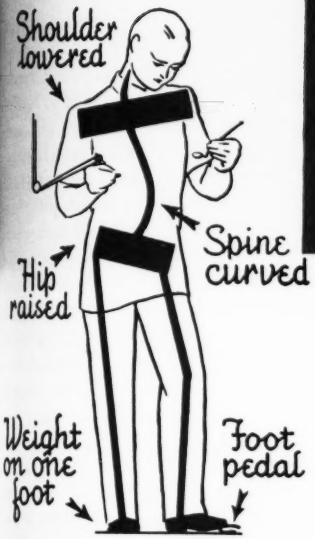
Captain McCracken, who has been in New Guinea since May eighteenth, is the son of Mrs. Flora McCracken, 1325 South Cheyenne Avenue, Tulsa. Captain McCracken's wife, who is employed at the Ozark Chemical Plant in Tulsa, supplied photographs she had received from her husband to illustrate this story.

If Your ORAL HYGIENE is Late

IN WARTIME, the postal service is overburdened, consequently magazine mail is delayed. We start to mail ORAL HYGIENE during the week preceding the month of issue. But it is impossible to control the date of delivery to readers. So please be patient if your ORAL HYGIENE is late.

DENTISTS Keep Fit and Like It!

By W. KEITH PEGG,
M.S. in Physical Education



The occupational postures of the dentist.

How could Charlie Jones carry on his work in his town as a first-rate dentist with his daily backache? Charlie was really bothered; he wasn't giving his best and he knew it. One evening he dropped into his club on his way home from the office and had a chat with his physical director. Minus the technical language of the physician, the physical director suggested that a special set of muscles was being overworked at the expense of the other muscles. This could easily be the cause of the continuous backache and might be responsible for his general lassitude.

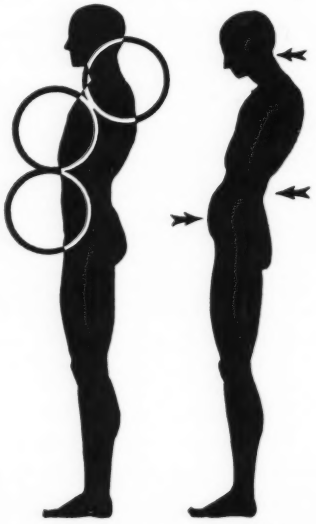
In times like these, neither Charlie Jones nor any other dentist would want to give any less to his job than a real honest-to-goodness effort. With so many men called into service, most dentists, already overworked, have taken on additional work loads to do their part. And this is as it should be. But to do this—to stand all day; spend hours leaning forward, putting all the weight on one foot; a man has to be in good physical condition. And that is the reason for this article.

Let's take a look at Charlie Jones at work and see how his posture

deviates from the ideal posture—a straight back, a flat abdomen, chest up, pelvis tilted up and back, and head up, not poked forward. For the most part Charlie likes to stand with all his weight on one foot, leaning forward, dropping one shoulder, and dropping the head forward and down so he can admire his work. Perhaps the most dangerous part of this position is that the abdominal muscles are relaxed, and there is an obvious tendency toward stoop-shoulders.

Occupational Hazards

Long hours of faulty posture create an occupational hazard. Who ever thought that a dentist would have an occupational hazard? He is safe from flying rivets, silicosis, and poisonous gases; but the hazard of bad posture presents a problem which must be considered as carefully as any of the other common industrial hazards.



(Left) Good posture. (Right) Bad posture: "poke" neck, "pot" belly, "sway" back.

What can the average dentist do in a short period of time to insure a correct body posture? Good posture is an attitude! Naturally your next question would be: "How can I create this attitude?" Specific exercises, which may be done for ten minutes daily, in your own bedroom, on your bed if you like, before getting up in the morning, will do the trick. If you follow these suggestions, and during the day pull those same muscles you found getting stiff after the first morning of exercise, you will be creating a good posture attitude. In no time you will find that the correct position feels better than the old one ever did.

Unused Muscles

In most cases the back muscles are strong enough and are able to function efficiently, but the abdominals—the muscles which are not absolutely made to function in the standing position—are not used. A protruding abdomen will overbalance the body and place an undue strain on the short lower back muscles. It is necessary to keep certain muscles of the back and the legs tight when in the standing position to maintain balance. The abdominal muscles are not used to maintain balance so we just let them take care of themselves.

No paper on physical fitness and exercise would be complete without mentioning a number of beneficial effects coming from exercise. The heart is a muscle, and this vital organ responds beautifully to exercise; it increases in efficiency, in strength, and in size. Since the heart is the key to the circulatory system, it can be seen easily that the efficiency of the entire system improves with use.

Before we leave the heart, there is one point to be made clear to Charlie Jones before he starts to exercise. Maybe he is worried about doing too much. Maybe he hasn't done anything more strenuous than ping-pong since college days. Forget it! His system is pretty rugged and it will take a lot. His heart will let him know if he is doing too much. He should work up to the point of getting tired, and then see how he feels. The next day he should try to extend that point of fatigue, and the first thing he knows he will even surprise himself at what he can accomplish with his body.

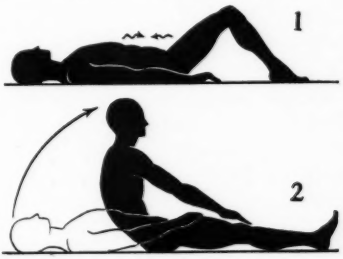
The massaging effect of the muscles over the digestive organs has a good effect, and physicians say that the man who takes regular exercise seldom has to resort to cathartics.

A prescription of exercise need not be difficult but it should cover the three important areas of the body: the all-important middle third (the abdominal region); the neck and shoulders; and the diaphragm.

In the middle third—the abdominal cavity—which houses the organs and glands so essential to the well-being of the individual, is also the largest collection of capillary beds in the body. In the upper abdominal cavity there is situated the great sympathetic nerve plexus, the so-called solar plexus. Then isn't it logical to assume, from a pure mechanical point of view, that if the muscle tone permits the organs to sag, the blood flow to be hampered, the nerve connections to be imperfect, that all kinds of symptoms might develop?

Corrective Exercises

Exercise One: Lie flat on your back, pull the knees up so all abdominals are relaxed (Fig. 1). Now pull the stomach in, contracting the muscles for all you are worth. This is voluntary constriction and you needn't move an arm or a leg. Relax and repeat. Now that you know where the important muscles are, go to work.



From the same position on the floor, legs straight this time, place the hands on top of the thighs. Raise the head and shoulders off

the floor and move the fingers down to touch the knees (Fig. 2). Start with four, six, seven or eight, if you can do them.

While you are resting, try these two exercises which use the abdominals some, but the greatest strain is placed on the hip flexors and extensors. From a lying position, hands over the head, sit up and bring the hands down to touch the toes (Fig. 3). Now with the shoulders stationary, raise the feet up and lower slowly (Fig. 4). Rested? Here we go again.





From the position of lying on your back with the knees pulled up, clasp your fingers together behind the head. Now pull up shoulders and attempt to touch the elbows on the knees (Fig. 5). The longer you hold the position with the elbows near the knees, and the more often you go up, the greater amount of work done. Rest a while. When this becomes monotonous, try twisting (using the same exercise) by touching the left knee with the right elbow, and then on the other side with the left elbow.



Exercise Two: From the same position, lying on the floor, raise the hands over the head and elevate the chest as much as you can, taking a deep breath. Stretch every muscle fiber in the chest area. Now while you have your chest up, keep it up there, exhale and depress the abdominal muscles. Keep breathing deeply against the lifted chest.

After you have tried this a few times, hook your fingers under your ribs (Fig. 6) and be sure your lifted chest keeps coming up on each breath. A good exercise to supplement this is to hang from a bar. A gymnasium is not necessary. If you fasten a wedge under the edge of a door, you can hang from the top of a door of your own bedroom. Inhale and elevate chest from this hanging position.



Exercise Three: To tone up the muscles in the chest and the shoulders, try chinning yourself 10 times. (Five is the average for college men.) Or try the push ups

from the floor, with the hips rigid, touching only the nose to the floor.

Exercise Four: A man is as young as his feet. The muscles which make the toes curl under are the muscles which support the arches. Make them work for you. You can do this simply by removing your shoes and socks and curling your toes under your feet. Try dragging a towel across the floor or pick up a dozen marbles a day. When walking or standing, be sure the toes are at work. Let the toes support part of the weight as they should. If every toe touches the floor, and is supporting weight, you stand a slim chance of being bothered with flat feet for some time to come.

Exercise Five: This is a real body conditioner—running. If you don't have access to a track, or a gym, just run in place and count the number of times your left foot takes off from the floor. Next day add twenty steps, but run.

Did somebody say, "Be careful?" Of course, you must be careful—careful to have a medical checkup before you start. The heart can stand it if your muscles can take it. The old myth of getting sufficient exercise by acting as a pallbearer to friends who take exercise, is still a myth.

1000 *Grove Street*
Evanston, Illinois

TAKE CARE OF WHAT YOU HAVE

IF YOU ARE called into Service, and plan to store your dental equipment, take care to do it properly or it will be worthless upon your return to civil practice. Do not completely wrap the enamel parts in paper. If there is lack of circulation the parts will darken. Put brown paper lightly over the equipment so that air can circulate. Coat chromium and nickel parts with soft soap or petrolatum. If the equipment is stored in a basement, keep it off the floor by mounting on blocks or boxes.

CONTEST AWARDS

THE $100 ORAL HYGIENE writers' award for March went to Stanley C. Brown, D.D.S., Ithaca, Michigan, for his article A DENTAL FORECAST—YEAR 2143 published last month. The April award for the best article submitted was won by Mr. W. Keith Pegg, 1000 Grove Street, Evanston, Illinois, for his article DENTISTS KEEP FIT AND LIKE IT in this issue of ORAL HYGIENE. For details of this monthly contest for dental writers, read page 489.



Women Physicians to Join WAACS:

Requisitioning of women physicians for the Women's Army Auxiliary Corps has been ordered in the ratio of 5 to 1000. The physicians will be procured by the Surgeon General and will be commissioned as WAAC officers when they meet physical and other requirements.

★

Officers of the Day:

Only the officers of the Infantry, Cavalry, Field Artillery, Coast Artillery, Air Corps, Corps of Engineers and Signal Corps are eligible for assignment as officers of the day and to command troops of any arm or service. An officer of any other branch will not be ordered to duty as officer of the day unless the entire guard is composed of troops of his service. This means that no officer in the Medical Department, including the Dental Corps, is eligible for service as officer of the day.

★

Procuring Army Dental Officers for 1943:

A systematic plan for the procurement of medical and dental officers for 1943 has been set up by the Surgeon General to coordinate his work with that of the War Manpower Commission:

1. State chairman of the Procurement and Assignment Service for Physicians, Dentists, and Veterinarians will prepare lists of physicians and dentists who are available for duty and send them to the Central Office of the War Manpower Commission in Washington, D. C.

2. The Commission will advise each practitioner that he has been classified as available for military service and request that he inform the state chairman of the Procurement and Assignment Service whether he prefers a commission in the Medical Corps of the Army, the Navy, or the Air Forces of the Army.

3. State chairmen will pass this information along to the designated field Office Procurement Service of the War Department. This office will request the candidate to fill out proper application blanks and have a final type physical examination at the nearest properly-equipped Army post.

4. The Officer Procurement District's office will forward the application to the Surgeon General in Washington for review. Applications with the notation "Air" will be referred to the Office of the Air Surgeon for further classification and assignment.

5. Acceptable applicants will be notified at the earliest possible date by the Office of the Adjutant General and will receive orders to proceed to their proper station.

Under this procedure the Surgeon General hopes to be able to regulate the supply of dental and medical personnel both for the military and the civilian services. No practitioner who has been classified as *essential* to civilian dental and medical needs should apply for a

commission unless he can make arrangements with the state chairman of the Procurement and Assignment Service to have his classification changed to *available.*

★

Eligibility of Dentists for Gasoline and Tires:

After a careful analysis of gasoline and tire rationing with respect to dentists, the War Service Committee of the American Dental Association has issued this information to guide dentists:

Regulations govern dentists, physicians, and surgeons in precisely the same fashion.

Dentists who have *occupational* mileage in excess of 150 miles a month (90 in the East) may be eligible for a supplemental B ration book. The combined A book, which provides 240 miles per month, and the B ration make a total of 560 miles a month, including 470 miles (378 in the East) for occupational driving plus 90 miles a month for home necessity use.

Since preferred mileage represented by the C book is not granted to any practitioner in any branch of medicine for driving between his home and private office, most dentists are not eligible for the C ration. When a dentist makes regular professional calls outside of his office or maintains two or more offices, located in the same or different communities, he may receive preferred mileage for necessary travel.

If a dentist's practice is wholly or partly in rural communities he may obtain preferred mileage, represented by the C book, in order to make professional calls on any of his patients in such localities irrespective of whether they reside at home or in public or charitable institutions. If an office in which he treats patients is at a hospital establishment or is itself a hospital facility he is entitled to preferred mileage as an aid in maintaining this professional service.

Tires:

Everyone is eligible for tires of the quality needed to give him the mileage allowed by his gasoline ration: A or B book—Grade III tires; C book, under 1000 miles, Grade II; C book, over 1000 miles, Grade I.

If a dentist possesses a recappable tire carcass, he must accept tire recapping service with passenger-type camelback. If he does not possess a recappable tire carcass he may obtain a replacement tire.

An exception to the system whereby a dentist must use the type of tire specified with his book is the case of those dentists who clearly establish that they must answer emergency calls requiring high rates of speed. A dentist falling in this category may obtain any grade of tire desired.

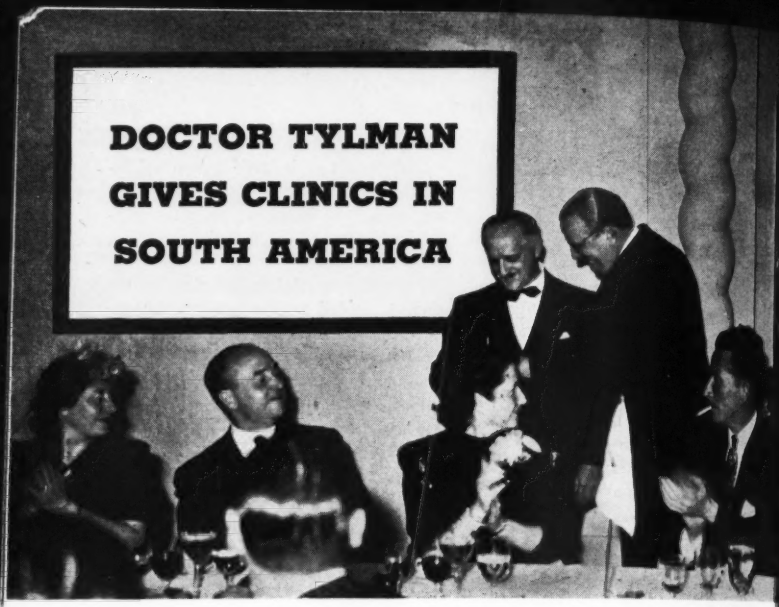
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Shortage of Physicians Eased:

Civilian physicians, the War Department has announced, will be employed in a civil service status by Army Service Commands for medical service in industrial plants operated by the Army. This will relieve a number of medical officers for troop duty. "Women physicians," the War Department adds, "may be employed at Army plants at the discretion of the commanding officer."

This practice has been recommended for plants employing a "high percentage of women." Since all war plants are employing many women, it may be inferred from the announcement that an increasing number of civil service physicians will be women.

DOCTOR TYLMAN GIVES CLINICS IN SOUTH AMERICA



BUENOS AIRES: Stanley D. Tylman, D.D.S., receives gold plaque presented at banquet by Doctor Rómulo Cabrini, President of the Asociación Odontológica Argentina. (Photograph courtesy of Boletin de la A.O.A.)

IMPRESSIVE EVIDENCE of the strong professional ties that unite the dentists of the three Americas was given in the ninth Scientific Dental Congress held in October in Buenos Aires. More than forty-five hundred dentists, many from remote points, were present at this important meeting of the Asociación Odontológica Argentina.

Doctor Stanley D. Tylman, delegate from the United States, traveled by air from Chicago to attend the Dental Congress and give courses of instruction—at the invitation of Doctor Rigoberto Blanco, President of the American Dental Society of Argentina. Other delegations came from all parts of the American hemisphere to study the scientific developments that they hope will make dentistry an even greater health service in the future.

The Congress was opened in the National Academy of Medicine by Doctor Rómrulo Cabrini, President of the Asociación Odontológica Argentina. This first session was given added dignity and unusual significance by the presence on the platform of Doctor Ramón S. Castillo, President of the Argentine Republic, the Minister of Justice and Education, and the presidents of delegations from the three Americas.

Closing function of the week's

sessions was a brilliant banquet held in the Hotel Alvear and attended by five hundred persons. During the banquet Doctor Cabrini offered a toast saluting the meeting as a "new opportunity to dentists of the three Americas to reaffirm their solidarity in ideas and sentiments." In concluding the function, he presented Doctor Tylman with a beautiful gold plaque in appreciation of the courses of instruction, which he had given to members of the American Dental Society and to the Asociación Odontológica Argentina.

On his return to the United States at the end of October, Doctor Tylman expressed great satisfaction with the interest in scientific progress shown by members of the dental profession in Argentina, and in the other South American countries that he visited—Brazil, Colombia, Chile, Peru, and Uruguay.

In Buenos Aires he was particularly impressed by the new building that had just been completed for the study of dentistry, medicine, and pharmacy. This institution, which is called the Faculty of Medical Sciences of the University of Buenos Aires, covers an entire city block and is eighteen stories in height.

"After the opening of all departments of this medical and dental unit, as planned for March first, I believe that this building will be the most outstanding structure of its kind in the world—as to size, appearance, equipment, and modern facilities of every description," Doctor Tylman said.

At the end of his South American trip, and before resuming his dental practice in Chicago, Doctor Tylman visited Washington, D. C., where he gave a report of dental progress in South America to the State Department and to Doctor Daniel F. Lynch, Chairman of the Pan American Committee of the American Dental Association.

WARNING TO CIVILIAN DENTISTS!

DENTISTS ARE advised that a number of vouchers for treatment of military personnel by civilian dentists received by the War Department have not been approved by the accounting officials of the government. The War Department has found that some commanding officers have directed members of their command to obtain treatment from civilian dentists, which was not essential to enable them to perform their military duties.

It is not physically possible to correct all dental defects before personnel departs for overseas service, the Department explains. Dental defects requiring immediate attention and, so far as practicable, defects which will require attention in the near future should be corrected before personnel are sent to staging areas or ports of embarkation. In every case in which a civilian dentist is employed as an expedient, prior authority must be obtained under the provisions of paragraph 5b(1) of AR 40-510.

Dentists in the News

Cheyenne (Wyoming) Eagle: Doctor Lester C. Hunt, a dentist, was sworn into office as Wyoming's nineteenth governor early this year. Doctor Hunt is a former president of the Wyoming State Dental Association, and he has served a four-year term as Secretary of the State of Wyoming. Interesting aspects of his career in dentistry and in politics were described in an article in the December, 1935, issue of ORAL HYGIENE.

Detroit (Michigan) Free Press: The new lieutenant governor of Michigan is Eugene C. Keyes, a dentist and a physician, who has also been admitted to the bar. Although Doctor Keyes has served as councilman of his home city of Dearborn, the office of lieutenant governor marks the introduction of the forty-two-year old dentist to state politics.

Sidney (Ohio) News: Lieutenant Paul Maurer, former Sidney dentist, who was in the battle of New Guinea with the American forces under the command of General Douglas MacArthur, described the action in a letter to his mother as "forty-nine days of hell and forty-nine nights of continuous nightmare."

"If the men and women who are doing such gallant work in the factories, on the farms, and in offices back home, could have seen the marvelous way the men over here took all the punishment and hardships of this swampy, disease-infested country, plus an enemy that was strongly entrenched, those people would know that their efforts were not going to waste."

Since the successful campaign Lieutenant Maurer explained that he and the others were getting some rest. The continuous rain and inferior food don't give them much comfort, but they are glad to be alive.

Arthur (Texas) Statesman: An unusual collection of eggs of birds has been made by J. K. McWhorter, a dentist of Taylor. For this collection he has



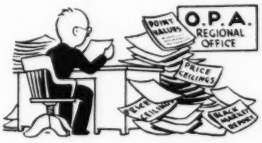
obtained eggs from many different states and foreign countries, ranging in size from a tiny humming bird to a huge ostrich egg. One of Doctor McWhorter's more valuable eggs is from the cassowary bird in New Guinea.

Chicago (Illinois) Daily News: Carl Andre, a dentist, who was Joel McCrea's stand-in, served as adviser on dental office scenes of "Great Without Glory," the story of the discovery of anesthesia.

San Antonio (Texas) News: In an attempt to rescue two children from a burning school building, William J. Fetzer, a dentist of 1530 West Summit Avenue, was severely burned about his

head and hands and had to be hospitalized. He and his wife were passing the school going to get their own children when they saw the fire and heard children screaming. He stopped his car and hurried to the building, where children told him there were two left inside. They were on the upper floor, and after he gained the top of the stairs, he said the smoke was so thick he could see nothing. He shouted to the children and finally heard a faint cry and by groping around located a little boy. He couldn't find the girl, but although his clothes and hair were on fire, Doctor Fetzer was able to bring the boy to safety. Firemen went in, then, and found the body of the girl.

Chicago (Illinois) Sun: Doctor Andrew B. Mulhane, a Rockford dentist,



has been appointed district manager of the Rockford district office of Region 4 of the Office of Price Administration, according to an announcement by Raymond McKeough, regional OPA administrator.

Awards for stories published this month in DENTISTS IN THE NEWS go to:

H. OVERBEY, D.D.S., Ryan, Oklahoma
CHARLES L. HATCHER, D.D.S., 1103 Cedar Hill Road, Dallas, Texas
GILBERT WINICK, New York University College of Dentistry, New York City

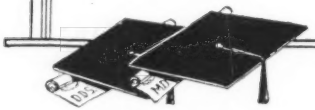
CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in this department*, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted, cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to: Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

JAPANESE TEETH AS THE CARTOONISTS SEE THEM

"It seems to be standard practice with the cartoonists to represent Japanese characters as the possessors of superdental equipment. The teeth are always pictured as large, intact, efficient and of full complement. Never are any ever missing or defective. It seems to us that this is overpraising the enemy, which would hardly seem to be the aim of the cartoonist. So far as we know, the Japanese are not distinguished by any superiority in this regard."—*Medical Times*.

Is There A "DOCTOR" in the House?



By ROBERT L. GUEDEL, D.D.S.

"Are we progressing as fast as we think we are?" asks this author.

WHAT ENTERS the mind of the average person when he hears the word "Doctor"? Is it a sermon, a tooth to be extracted, a spinal adjustment, a dog with the mange, an engineering feat, or a man who has hooked us with a new law? No sir! The thoughts of a six-year-old, or those of a ninety-year-old inmate of an infirmary will be identical—ambulance, hospital, accident, or appendicitis. Truthfully, do you think that we deserve the rating of "Doctor" (used in its most widely accepted form), when we must confine our service to the oral cavity? Our job concerns thirty-two teeth—to save them as long as possible, to extract them painlessly when necessary, and to replace them the best way we can.

I have heard and read about many controversies in the past few years comparing a dentist's rating with that of a physician. The dental graduate of today is crammed so full of theory that he almost believes that he is a physician. Despite this, he must still limit his work to the mouth. But so far as I know, a physician can do anything he pleases in the oral cavity. Many rural doctors still extract teeth. Just let a dentist remove an appendix and watch the fireworks! With his added education, the dental graduate of today could come pretty close to doing it too.

How many times has your mail been addressed to Mr. Black instead of Doctor Black? How many times have you been a party to a wholesale introduction and heard this? "Meet Doctor Jones, Doctor Smith, and Doctor Black—Doctor Black is a dentist." You have probably heard it for years and will hear it for years to come. You don't

like it and neither do I but, after being hardened for twenty-five years, I can take it. Doesn't this prove that we are not progressing as fast as we think we are?

The dental students of today are led to believe by faculty members that they are just on the verge of giving some treatment outside of the mouth. Nevertheless, we are confined to the mouth and will be for some time to come, if the medical profession has anything to do with it—and I think they will. I know of several cases in which dentists in our armed forces have worked as orderlies, doing the physician's dirty work, and for a time were under the delusion that they were at last entering the sacred portals of the medical profession.

Compare the oversized premedic classes with the undersized predental ones. Virtually all of these students would like to be real "doctors"—physicians. It is a well-known fact that many premedics who cannot make the grade change over to dentistry because they think it may be a little easier and that there is still the possibility of being called "Doctor." Yet, at present, the medical and dental courses involve about the same number of hours. At this rate, in fifty years, the country will be overrun by physicians but a good practicing dentist will be hard to find. We could then turn dentistry over to the physician who could do the extractions and let the dental technician give the rest of the service.

The dental universities and bigwigs (those at the helm of dentistry, most of whom got their degrees in three or four years) are starting right now to hang dentistry. Given enough rope and a little more time, in fifty years the shingles displayed will say "Doctor Smith, Physician and Surgeon, associated with A. Chisler, Dental Technician." These same bigwigs who would probably have howled the loudest at a suggested dental course of seven years could not honestly pass the State Board Examinations today.

What is Progress?

Is dentistry progressing? Well, of course, your answer depends upon your point of view. If you have a position in a research laboratory for a pharmaceutical, dental, X-ray or tooth paste company, you will without any hesitation, say "Absolutely, yes." If you are on the faculty of a university, you will say, "Yes, we are progressing faster than any other profession." But if you are an average dentist in general practice, one of the common horde who says little but keeps the wheels of dentistry moving, you will be inclined to say definitely, "No." Let's argue the case.

Progressing means going forward. Are we progressing in a practical, commonsense way that keeps us in the sphere in which we belong—taking care of millions of mouths in the best possible way? For the profession as a whole, you will say "No." The advertisers, themselves, are taking on that burden and helping us out.

What are the big accomplishments in dentistry during the past thirty years? I recently ran across an old dental catalog (Betz of Hammond, Indiana, 1909) and I read it from cover to cover. I compared it with the 1942 catalogs and all of the items listed were virtually the same. The only revolutionary thing was acrylics. We have but scratched the surface with this material, and I believe that every patient wearing rubber dentures is a good prospect for new dentures or resets. The only sad part about acrylics is that the dental technicians got hold of it first. They led the profession to believe that it was much harder to process than rubber—many of the profession still believe this. Two other outstanding but not revolutionary discoveries were the tube and conduction methods of using anesthetics, and some new impression materials. If there is anything outside of these three things that benefits the masses much more than thirty years ago, I would like to know what it is.

We still cannot cure pyorrhea, chronic abscesses, or prevent tooth decay. We can cure some oral diseases, but not for the masses at a price they can afford. We have yet to simplify our methods.

Steel can only be tempered to a certain point and beyond that it is no good. I believe that all dental universities reached their tempering point several years ago. Despite the additional years of study and increased responsibilities placed upon the shoulders of the dental student today, I do not believe he will be a better dentist than the fellow who graduated years ago, unless he is sincere, conscientious and, above all, a good mechanic or dental technician.

The sooner the dental profession quits grabbing at the coattails of the medical profession, the sooner we will start to progress. We'll never catch those coattails until a new law is passed that a physician must take up dentistry and a dentist must take up medicine. Then we will progress—in a hurry!

224 *Pleasant Run Parkway*
Indianapolis, Indiana

THE APRIL COVER

THIS MONTH'S COVER design is in tribute to Pan American Day, April fourteenth—a day celebrated in all the Americas to symbolize the intellectual unity of the people. Our photograph is an interesting view of the tropical patio of the Pan American Union in Washington, D. C. This magnificent building, an outgrowth of the First Pan American Conference held in Washington, in 1890, is a monument to the intellectual and cultural cooperation of all Americans.



If You Can Write You Can Make $100

Among the thousands of dentists on our mailing list there are many human interest stories that should be told.

•

Among the dentists, dental assistants, dental hygienists, and the public interested in dentistry there must be many persons who have the literary talent and the interest to tell these stories.

•

Among the thousands of dentists in the profession there are many problems of dental practice, and some solutions to these problems. There are many points of view to be expressed concerning changes in dental life during the war period. Among the dentists in military service there are interesting experiences to be told.

•

ORAL HYGIENE is the dental journal that seeks to uncover these human interest stories, these problems in dental practice, these points of view on dental life—and bring them to the light of publication.

•

ORAL HYGIENE, to stimulate writing in the dental field, offers to make substantial literary payments to writers on non-technical dental subjects.

Each month ORAL HYGIENE will pay $100 for the best article accepted for publication and will pay for all other manuscripts accepted. at a liberal word rate.

All articles must have a dental angle. First consideration will go to specific *articles.*

Please proceed as follows:

1. Do *not* write any article longer than 1500 words.

2. Do *not* attempt to be too "literary." Report your experiences or those of somebody else simply and directly. We are interested in the facts and the substance, not the literary flourishes.

3. Your manuscripts should be typewritten, double-spaced, and sent with return postage.

If you have good pictures or drawings to illustrate the article—fine!

Everyone has a story to tell. Don't hesitate. Write *your* article now. Send it to:

Edward J. Ryan, D.D.S.
Editor, ORAL HYGIENE
708 Church Street
Evanston, Illinois

Editorial Comment

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties," *John Milton*

WHAT—NO ROBOTS?

MANY HILARIOUS proposals have been heard in the halls of Congress but none more fantastic than one recently made before the Pepper Committee in the Senate. This concerned an assembly line, "bucket brigade" method of production for group dentistry. The Pepper Committee, while conducting an inquiry for increasing war manpower, heard a New York dentist suggest a plan to establish forty dental clinics about the country; each employing about 100 dentists and associated personnel to care for 2,500,000 "dental cripples" now, or soon to be, in the armed forces. The advocate of this plan estimated the cost of rehabilitation per dental cripple at $25 a head. For this sum, according to florid *Time*, "Estimated average need per man: two bridges, two extractions, five inlays, two fillings, numerous X-rays." That's a powerful lot of dentistry for $25! Itemizing it suggests a probable munificent fee schedule somewhat as follows:

Two bridges @ $5 each	$10
Two extractions @ 50c each	1
Five inlays @ $2 each	10
Two "fillings" (silicate?) @ $1 each	2
"Numerous X-rays"	2
	$25

The *New York Times*, a paper of conservative standards, anticipates violent dissent on the proposal with these words, "The plan will strike fire from those who have an economic interest in maintaining the status quo." This is the device of name calling. If you disagree with the proposal, you are a kulak, a capitalist, or a big, money-bag baron. Part of the same device is to mention in a tone of mystery that the suggestion "has attracted wide interest among those who see that one practicable way of increasing professional manpower is to increase individual productivity." May we ask the *New York Times* just who are these people in authority who have approved the project? Identify your experts. Are they dentists, economists, or merely goggle-eyed crackpots?

This assembly line dental practice spews forth alleged dentistry in daily production as follows: "200 'synthetic' fillings, 160 inlays, 80 dentures and bridges." Extractions and X-rays are presumably tossed in in slack moments. At the fee scale mentioned this daily production would gross $200 for the silicates, $320 for the inlays, $400 for the bridges, or $920 a day would be the gross receipts, excluding the extractions. Forget not that there are about 100 people to be paid ("70 operators, 20 hygienists, 6 surgeons, a staff of chair assistants, clerks, and laboratory technicians"). Materials and supplies are to be purchased; overhead expenses are to be met. This all suggests that there is going to be a walloping deficit. Pardon us if we ask how large it is to be and who is to pay the bill? The Great White Father, we presume.

How does the proposal appear from the practical side? Apparently no one has taken the trouble to ask dentists if such a plan could work. Any dentist will doubt seriously and violently that the plan would be operable with such a division of responsibility as suggested by the *New York Times* in these words:

"One assembly line in a clinic consists of five men who prepare cavities, two who take impressions from which inlays are to be made, three who fit the inlays. Twenty inlays an hour, or 160 a day, could easily be prepared and fitted by these ten men.

"Suppose that the patient needs artificial teeth—what is called prosthetic work. He is passed along with his card of instructions to another assembly line of eight men. Two of these take impressions, two take bites and decide on the colors that the artificial teeth should have, and four fit bridges and dentures . . . This team of eight men could finish ten partial dentures or bridges in an hour or 80 in a day."

Believe it or not this report appeared in the Science Section of the newspaper that boasts "All the News That's Fit to Print." If you want the exact reference here it is: Sunday, February 21, Page E 9, *New York Times*.

This plan is a straw in the wind. There will be other proposals for a new system in the distribution of health care. These plans will have one thing in common. They will hope to show the American people that the private practice system is wasteful and uneconomic. We may expect stormy days ahead. We will, as we always have, stand mute before the Court of Public Opinion. An unjust verdict will probably be directed against us.

Edward J. Ryan

Dear Oral Hygiene

Self-Hypnosis

The following case of autosuggestion which I had several years ago will, I believe, be of interest:

Miss C, 18, presented at my office for the extraction of a carious nonvital lower first molar. She requested gas. For the past twelve years I had specialized in extracting and general anesthetics. Being without nitrous oxide at the time, I prepared the patient for somnoform and the usual instructions were given as to relaxation and breathing. The mouth-prop being placed and the face-inhaler adjusted, the somnoform ampule was supposedly broken, and the patient was told to breathe deeply and relax. She quickly assumed all the phases of a smooth general anesthesia with normal respiration and no eye reflex.

The extraction was completed without the slightest indication of consciousness or pain and the patient remained anesthetized during the removal of the throat pack, the removal of blood, and the sterilizing of the wound. She was only revived by a light tapping on the cheek and telling her it was all over. She awakened perfectly normal in every manner, with no nausea or headache, paid her bill and left the office.

Some ten or fifteen minutes after the young lady had gone, the face piece was cleaned and the somnoform ampule was found to be perfectly intact—it had not been broken in the rubber bag inhaler. The patient must have hypnotized herself.

The only different features in this case, as I recall it, were the quickness and smoothness of the anesthesia and the fact that the patient did not awaken of her own volition but was spoken to and aroused by me. I thought this nothing of importance at the time.—PHILIP C. SOUTHARD, D.D.S., 516 *Washington Street, Wilmington, Delaware.*

The Pros and Cons of Thumbsucking

Today we find a few dentists who are seeking to relieve the thumbsucking habit of the charges laid against it. There is no disputing the fact that there has been a lot of bugaboo attached to the habit, and as a result of too many evils having been attributed to it, we find it being championed by a few.

In a recent health column, which is widely circulated, there appeared the article, THUMBSUCKING EXONERATED. The article was based on the findings of Doctor J. H. Sillman, New York City, who had made an exhaustive study of the subject and published his findings in *The New York State Journal of Medicine.* His summary stated: "In those instances where sucking has caused crooked teeth, the displaced teeth corrected themselves *spontaneously* after the sucking stopped."

That sounds too simple for some of us who have labored long to correct narrow arches and protruding teeth so I looked more carefully into his article and found that he stipulates that "if by the age of 4 years sucking still persists, then the child should be helped to stop it."

Doctor George S. Callaway, New York City, in discussing Doctor Sillman's article gives him much credit and says: "Few orthodontists are much concerned about finger sucking and its attendant so-called deformities of the maxilla or mandible, if the habit is stopped before 4 years of age."

Habits Form Easily

I note that both authorities are upholding a habit, or at least absolving it, but on the premise that it be discontinued at the age of 4. Habits are much easier to form than to break. These writers mention the scolding and heckling indulged in by mothers, in controlling the habit, as being injurious to the child. Anyone who has had experience in breaking the habit in a 4-year-old child will agree that it involves a difficult task. We believe it is much easier to prevent the child from contracting the habit in the first place. The simple expedient of placing a thumbless mitten over the hand prevents the baby from sucking the thumb, especially during the night. There is no mental reaction in drawing the thumb away from the mouth of a baby, but there is a scene when the child of 4 is scolded or punished.

What can be said for the habit anyway? Esthetically it is bad; and anatomically it is bad. Doctor Callaway says: "If nothing else can be said for the sucking habit, the normal nose breathing is something to be thankful for." That is not much basis for forming a questionable habit. I wrote the author of the article THUMBSUCKING EXONERATED, calling his attention to the inconsistencies in Doctor Sillman's stand and found him ready to recognize them. He added: "Perhaps I am unduly concerned about the constant scolding, heckling, and correction which must be indulged in by mothers in controlling the habit. Certainly there must be some middle ground."

It seems that the old adage, "An ounce of prevention is worth a pound of cure" is borne out in this matter.

At a recent dental convention, a dentist presented a cast demonstrating an elaborate device to prevent thumbsucking. It involved the construction of a complicated appliance attached to the deciduous molars. I should like to have placed a little thumbless mitten alongside his exhibit and asked, "Which is the more feasible?"—J. E. BECK, D.D.S. *Mauston, Wisconsin.*

Opposes Regimentation

I enjoy your magazines and the first-rate editorials. I particularly liked the one in the November ORAL HYGIENE.

One thing in that issue I didn't like was Mr. John W. Schaefle's plea for leadership and the piffling schoolboy story it was hung upon.[1] People tend to herd; they need no urging. And they tend to bring down to the common level anyone who is more successful than the average.

Dentists are not immune. Many times, in a group of them, I have heard some absent member derogated. I usually break it up by saying that he deserves all he has, that certainly he is a more competent man than I.

I hate mass thinking and regimentation, yet I'd be in the army if they would have me, because I hate something worse—the system that makes a virtue of "followership."—BERNARD ROSENBERG, D.D.S., 33 *West 42nd Street, New York, New York.*

[1]Schaefle, J. W.: And the Greatest of these is Leadership, ORAL HYGIENE 32:1471 (November) 1942.



Conducted by W. EARLE CRAIG, D.D.S.

Drawings by Dorothy Sterling



4

Detach infected granulation tissue with interproximal saw.



5

Remove granulation tissue with biangled chisels and enamel hatchet.



6

Smooth root and bone su faces with interproximal fil Place 8 per cent zinc chlori packs between teeth. Lea gauze in place for five mi utes.

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ding, add tan
ent powder.

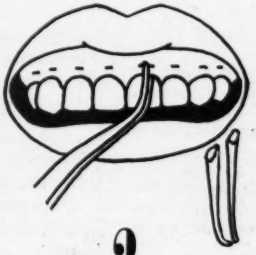
Surgical Treatment of Pyorrhea

By Charles Goldstein, D.D.S.



1

ke X-rays, scale and clean th, and examine with per- ental explorer.



2

After three days, anesthetize tissues to be operated upon. Mark the depth of the periodental pocket on the labial and lingual with pocket marker.



3

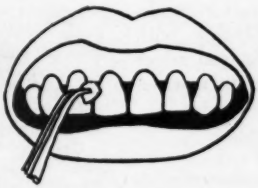
Connect marks in a continuous line. Make clean incision along line with right and left gingival knives. Incise between teeth with right and left interproximal knives. Remove gum tissue in one piece.





7

ove zinc chloride packs inse with warm, normal ne solution. Cover ex- d roots and bone with ium thick surgical ce- t. If there is excessive ding, add tannic acid to ent powder.



8

Remove cement in one week. Clean proximal surfaces of teeth with hydrogen peroxide and gauze strip.



9

New tissue will form in three weeks. Instruct patient in use of interdental stimulator and Charter's method of brushing teeth.

Ask Oral Hygiene

Please communicate directly with the Department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Root Resorption

Q.—Upon making roentgenograms for one of my patients, I noticed a peculiar absorption of the roots of the maxillary lateral incisors and to some extent of the left maxillary central incisor.

The teeth are vital, slightly mobile, but have never troubled the patient. She is 21, and in excellent health. Her teeth are in fair condition with some caries at the gingival margins.

Can you tell me the cause of this condition and the probable prognosis?—L. W., New Jersey.

A.—Root resorption sometimes occurs without any determinable cause. It is no doubt the result of a systemic condition, though it is more likely to occur where there has been some disturbance of the tooth stability by orthodontic movement, or by traumatic occlusion.

I would suggest that you examine carefully for the latter condition and grind, preferably with sandpaper discs, the incisal edges of the occluding lower incisors.—V. C. Smedley.

Drawing Sensation

Q.—I have an elderly woman who has complained to me about her upper denture drawing on her mouth until she cannot stand it.

This woman was referred to me—I did not construct the denture. It seems to fit well and she says it functions well during mastication.

I was at a loss to tell her what to do. I have had patients complain of their dentures, uppers and lowers, drawing, but this is the first time I have had any complaint of a continuous drawing on the tissues.

If you can help me in diagnosing this case it will be deeply appreciated.—J. C. K., Colorado.

A.—You might attempt to relieve the drawing sensation under this woman's upper denture by grinding it liberally to relieve all possible pressure areas. Then apply a soft wax to the tissue-bearing area and let the patient wear the denture for several hours or days, if necessary, to determine comfort and relief of drawing. After this, rebase as accurately as possible.—V. C. Smedley.

Bridge Torque

Q.—This is my first letter to you for some of your valuable information.

Case I—On May 7, 1942 I inserted a fixed bridge (four teeth) in upper right posterior area. The first right maxillary molar carries a mesio-occlusal inlay; two facings, and a three-quarter crown on upper right cuspid complete the bridge. Recently the patient has complained of pain coming from the molar when sweets are eaten.

Case II—A patient, 16, had two teeth extracted by another dentist in June. These molars were on the lower left side. When sensation returned to the mandibular region, the patient became totally blind for about five minutes.

Recently the patient came to my office for a mandibular extraction. Blindness occurred again, but only for about three minutes.—R. M. R., Michigan.

A.—In case I we would roentgenograph the area first. A roent-

genogram will frequently disclose a leak or secondary decay under a restoration when an ocular-instrumental examination will fail to disclose the source of the pain or discomfort.

We would, of course, try traction on the bridge for a possible loosening, and test all margins with a fine explorer and examine them under magnification for evidences of a leak. Through some one of these measures, the source of the trouble should be disclosed.

While the condition of which you speak in case II is not common, it is not unknown. We had a case in which the eyelids were anesthetized and could not be closed for some thirty minutes after a mandibular injection of procaine.—GEORGE R. WARNER.

Traumatic Occlusion

Q.—A patient, age 30, presented with a history of migraine, so severe that she is instructed to take a hypodermic injection to relieve it.

One month ago she complained of severe pain in the bicuspid area, and thought it was the result of migraine.

I made a roentgenographic examination and found extensive caries in the second bicuspid. I excavated, treated, and placed an inlay in this tooth.

Today, she appeared, after having the inlay in her mouth for over a month and complained of pain in the same area from bicuspid to eye. She never had pain up that far.

The pain started three days ago, but she thought it migraine and didn't bother. But this pain persisted, it usually lasts only twenty-four hours at a time.

She has a powerful and a close bite. It looks as though she had been biting upon the lower bicuspid with such force that you could actually see the upper second bicuspid move. I relieved that by grinding.

At present there is a slight tenderness of the second bicuspid upon tapping it, but none otherwise. Could that be the result of the excessive pressure?

I also observed a fractured first bicuspid, but it doesn't seem to trouble the patient.

I am enclosing the roentgenograms taken of this area at three different angles.

I do hope you can give me some advice. —E. S. B., New York.

A.—The roentgenograms enclosed with your letter show the results of traumatic occlusion on all of the teeth shown, but particularly on the second bicuspid. Whether this will recover remains to be seen, but in any event you should disocclude it entirely. Then you should check it occasionally if it becomes comfortable enough to be retained.

The fractured root of the first bicuspid is one of those cases which have been reported in literature in which teeth with fractured roots have remained vital and comfortable over a term of years.—GEORGE R. WARNER.

Sensitiveness

Q.—I shall appreciate any help you can give me on the following case.

My patient is a man of about 39, who said that before he came to me he hadn't had his teeth cleaned by a dentist in fourteen years. Roentgenograms showed that the underlying tissues were in good condition. However, after scaling the teeth, the patient complains of a sensitiveness at the necks of the upper left molar teeth. One gingival cavity on the third molar has been restored with amalgam. Rubbing the necks of these teeth with warm oil of cloves gives only temporary relief. Prior to the scaling, the patient did not have this complaint.

Is there any procedure that I could use by which this sensitivity can be permanently eliminated?—H. E. F., Louisiana.

A.—One can readily understand why teeth from which the tartar had not been removed in fourteen years might rebel at having it taken

off. As a matter of fact I always warn patients who have not had a good subgingival curettage for a long time that the teeth will be sensitive for quite a while after such treatment.

If the necks of the molar teeth are somewhat exposed, treatment with ammoniated silver nitrate will usually overcome sensitiveness, although it may take two or more treatments.—GEORGE R. WARNER.

Clicking Dentures

Q.—About three months ago I constructed full upper and lower acrylic dentures for a male patient, 56. Several days later he complained about his teeth clicking during conversation, although both dentures remain firmly in place. Centric occlusion is correct.

Any suggestions you could give me to correct this condition will be highly appreciated.—R. O. O., Nebraska.

A.—Closing the bite somewhat will in all probability correct the difficulty your patient is having with his clicking during conversation.—V. C. SMEDLEY.

Dental Etiquette

Q.—I have been located in this town for 10 years and have been in practice 30 years. A dentist has just located here, two years out of dental college. Should he call on me or should I call on him? Just a matter of etiquette. It does not matter at all, but I just wanted to ask you to see if there is any rule about that.—H. B. E., New York.

A.—It is customary in ordinary society for the older residents in a town or neighborhood to call on the newcomers. So I believe it would be quite right for you to call on the new young dentist. Moreover, it would be a fine gesture and indicate to the young man that he is in a fine, broadminded profession.—GEORGE R. WARNER.

Vincent's Infection

Q.—For the past month I have been treating a case of Vincent's infection but all my efforts have been in vain as the condition is getting worse instead of better.

Some time ago I ran across an article in ORAL HYGIENE which listed a specific for Vincent's infection.

Would you advise me to try this bismuth injection treatment? What about the intramuscular injection? Is it safe and what reaction might the patient have?—F. F. F., Nebraska.

A.—In our experience intramuscular injections of bismuth in the treatment of Vincent's infection of the mouth have been of little, if any, help. However, it is quite harmless and there should be no marked reaction.

We have excellent success in the use of a 5 per cent solution of chromic acid carefully carried into the pockets protected by cotton rolls.

We thoroughly scale and polish the subgingival areas—at each sitting if necessary and have the patient use hydrogen dioxide at home. With this plan of treatment we usually clear up a case in a week, if the patient cooperates by giving up the use of tobacco and following out the home treatment carefully.—GEORGE R. WARNER.



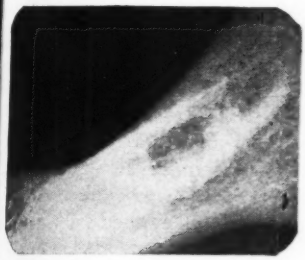
What is YOUR DIAGNOSIS?

Conducted by George R. Warner, M.D., D.D.S.

Case Report XXII

Statement: General health is excellent. The patient has had no discomfort with his teeth. This mandibular second molar responds normally to vitality tests. The widening of the periodontal space around the apex of the root is the condition for which we wish to account.



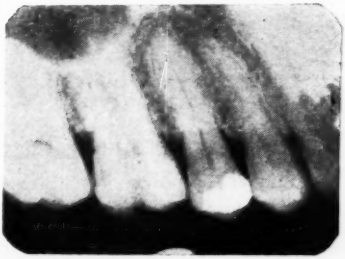


Case Report XXIII

Statement: This patient had been having much rheumatism with pain in back of her head and neck. The tonsils were also questionable, and she was referred by the physician for a possible focus of infection in the mouth.

Case Report XXIV

Statement: This is a roentgenogram from a complete set of intraoral films made as part of a general physical examination. There is a health problem, but the mouth does not seem to be a factor.



DO NOT TURN THIS PAGE UNTIL YOU HAVE MADE YOUR DIAGNOSIS

Solutions to Case Reports Shown on Preceding Page

Case Report XXII

Solution: The appearance of a widened periodontal space is probably augmented by the larger intratrabecular spaces in this region. We cannot account for whatever actual thickening of the membrane there may be. The tooth is not under excessive or tripping stress.

Case Report XXIII

Solution: The radiolucent area seen in the mandibular edentulous area was interpreted as a residual area of infection. The interpretation was verified when the area was opened.

Case Report XXIV

Solution: There are several things shown in this one roentgenogram that could not be discovered in an ocular-instrumental examination; that is, caries in the distal of the first bicuspid, caries under the restoration in the second bicuspid, caries in the distal of the first molar, and hypercementosis of the root of the second bicuspid, and beginning hypercementosis on the root of the first bicuspid. The Class 1 cavity in the first molar is visible upon ocular examination.

Please send interesting roentgenograms and case histories to George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado.

DENTIST'S INVENTION AIDS GLIDER PROGRAM

As the emphasis of the Army Air Forces turns to the glider training program, it is interesting to note that the nonstop glider pickup system now being used is a wartime development of the air mail pickup technique invented by Lytle S. Adams, dentist, of Irwin, Pennsylvania.

Just as Doctor Adams' invention brought direct air mail service to 90,000,000 in the United States who live away from the routes of the commercial airlines,[1] it is now likely that this same idea will make possible the time-saving launching of gliders carrying air-borne infantry, important in modern war as demonstrated by the Nazis in Crete.

Under the procedure adapted at tests at Wright Field, Ohio, the glider is placed approximately 200 feet behind two uprights, between which the tow rope is suspended. The pickup airplane is equipped with a revolving reel and a built-in brake, which carries a cable for towing, and a grapple hook. As the pickup plane approaches the glider it comes in low as for a landing, lowering the pickup arm and hook. This hook catches the suspended tow line; the plane being about 12 feet off the ground, and the reel is allowed to play out freely before braking, to cushion the initial shock imposed by the glider's weight.[2] While the brake is being applied, the plane continues to gain speed, and the glider is air-borne, ready to be cut loose at the desired altitude.

Considering the possible future of freight-bearing gliders and passenger glider trains, it can be expected that Doctor Adams' air pickup system will play an important part in the future of commercial aviation.

---

[1]Dentist Invents Air Mail Pickup Device, Oral Hygiene 31:165 (February) 1941.
[2]Randolph, Jennings: Air Pickup Goes to War, *Flying* 31:26 (October) 1942.



Practical Preventive Dentistry . . . a wartime "must"

. . . Because dental health is so important to wartime fitness.

. . . Because you are overworked and it takes so much less time to treat incipient conditions.

. . . Because you have a chance to teach the "new" patient, never before able to afford adequate treatment, that you can do more than relieve today's toothache—you can *prevent* tomorrow's.

Eastman's co-operation in the complete radiodontic examination, which is the basis of practical preventive dentistry, is twofold: (1) Eastman provides a complete line of x-ray films . . . (2) Eastman makes sure that these films have unfailing day-in and day-out uniformity. Hence you can safely follow the standardized exposure and processing technique that makes radiography such a swift, as well as dependable, diagnostic tool. Consult your regular dental dealer. . . . Eastman Kodak Company, *Medical Division*, Rochester, N. Y.

Made together to work together . . .



For proper solutions at all times: (1) have your dealer deliver fresh Eastman Chemicals, powder or liquid, regularly; (2) when you receive them, have your assistant replace all stale solutions.

The great majority of all dental radiographs are made on **EASTMAN FILM**

Laffodontia

Official: "We want a girl to sell kisses at the bazaar. Have you had any experience?"

Girl: "I went to college."

Official: "You are hired."

★

"Hey, you, where are you going? Pull over to the curb," said a traffic officer to a timid driver who, obeying directions from the back seat, had entered the wrong end of a one-way street. Immediately a woman in the rear seat chimed in:

"That's right, officer. He's been speeding all day, and I knew he'd be arrested. It just serves him right!"

"Your wife?" asked the officer with a sympathetic look at the scared driver.

The driver nodded.

"Drive on, brother," said the policeman.

★

1st student—"What kinda guy is your roommate?"

2nd ditto—"Well, last night he barked his shins on a chair, and said, 'Oh, the perversity of inanimate objects!'"

★

Rastus shuffled into the employment office down in Savannah one morning and said hopefully:

"Don' spose you don' know nobody as don' want nobody to do nothin', does you?"

★

A sensible girl is not so sensible as she looks because a sensible girl has more sense than to look sensible.

"They say that meat eaters are more active, as a rule, than vegetarians."

"Well, they gotta be—to get the meat to eat."

★

"Tommy!—Helen!—if you children don't stop quarreling and agree, I shall have to take your pie away.'

"But, mother, we do agree! Helen wants the biggest piece, and so do I."

★

A man was fumbling at his keyhole in the small hours of the morning. A policeman saw his difficulty and came to the rescue.

"Can I help you to find the keyhole, sir?" he asked.

"Thash all right, old man," said the other, cheerily, "you just hold the house still and I can manage."

★

The man had lost a five-dollar bill. Sadly he entered the advertisement office of the local newspaper and handed in the notice he wanted inserted in the "Lost and Found" column.

The adtaker almost guffawed when he read, "Lost, a $5 bill. Sentimental value."

★

Catherine: "I shall spend my vacation fishing."

Beatrice: "Then why the new bathing suit?"

Catherine: "That's my bait."



NEY Denture-Clasp Wire



DENTURE-CLASP is another successful Ney Research formula that offers something unusual in a GOLD-COLOR clasp wire for general prosthetic use. While you won't want to tie knots with it, the fact that it can be done means that DENTURE-CLASP has definite, valuable qualities that are essential in a good clasp wire.

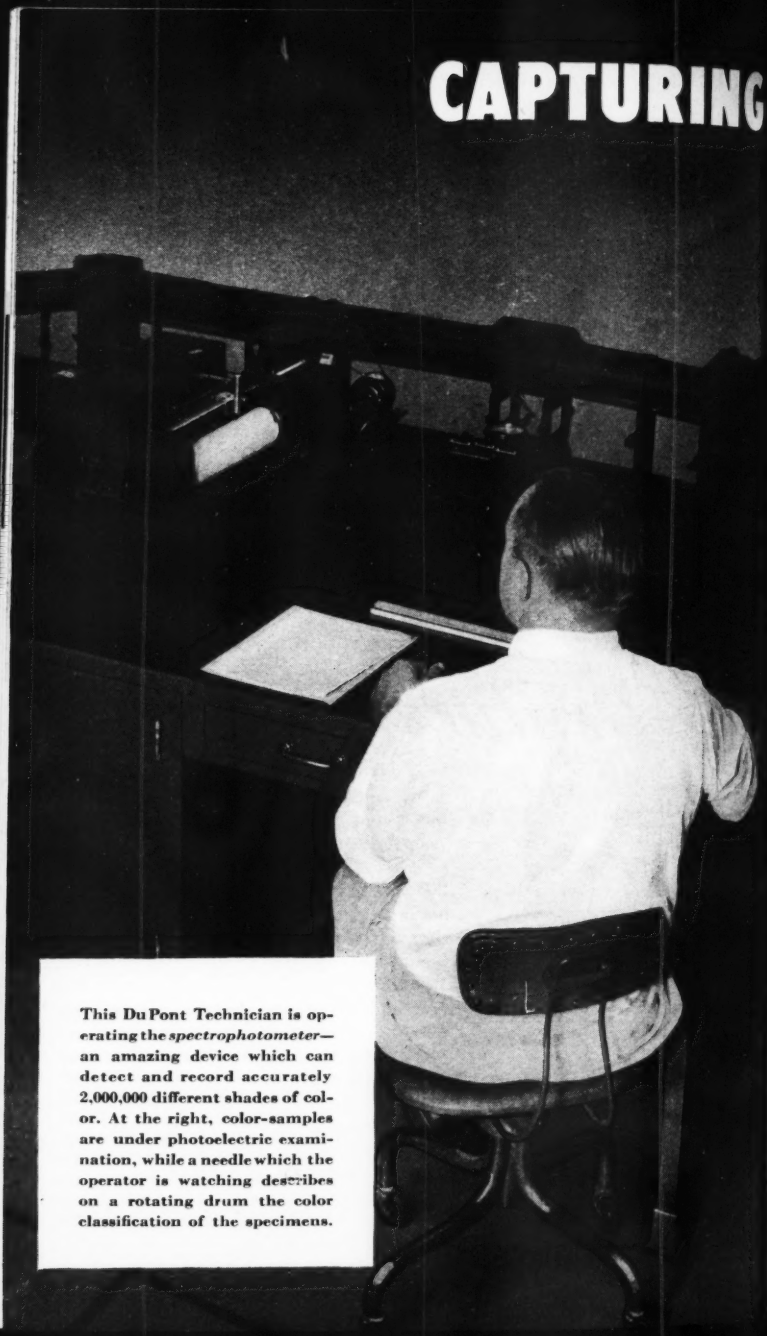
Knotted pieces of heavy-gauge bar material (from which "WING" Bars are made) and regular 18 gauge round wire are shown in the two unretouched photographs above. These graphically illustrate DENTURE-CLASP's toughness and complete freedom from brittleness. Unfortunately, pictures cannot demonstrate the additional important properties of stiffness and resilience which are also characteristic of this popular alloy.

The Unit price of Ney DENTURE-CLASP Wire in all standard gauges is $1.85 per dwt.

THE J. M. NEY COMPANY · HARTFORD, CONN.

KEYSTONE OF SUCCESSFUL PRACTICE NEY GOLD FOR PERMANENCE AND PRESTIGE

CAPTURING



This Du Pont Technician is operating the *spectrophotometer*—an amazing device which can detect and record accurately 2,000,000 different shades of color. At the right, color-samples are under photoelectric examination, while a needle which the operator is watching describes on a rotating drum the color classification of the specimens.

NATURE IN THE "PINK"

Color Control Imparts Living Gum-Tints to "Lucitone" Denture Material



Shown at left is a *spectrophotometer*, an ultrasensitive electronic device, used by Du Pont in studying color. This is but one of a number of scientific instruments for accurately determining thousands of hues and shades for many chemical products such as fabrics, plastics and *denture material.*

Life-like gum pinks for "Lucitone" is one of the many perfection-wise standards which Du Pont maintains in processing its denture material. Test lots of "Lucitone" have passed arduous tests for hardness, durability, impact and tensile strength. Acidity tests, to certify its resistance to oral secretions. Even an accelerated sun-ray test, to make sure its real gum color—once there—won't fade.

Your patients may experience with confidence the mechanical and esthetic comforts of dentures made with this superior product. For, all the vast experience of Du Pont chemistry is crystallized in each "Lucitone"-made denture you specify. E. I. du Pont de Nemours & Co. (Inc.), Plastics Department, Arlington, New Jersey.

★ ★ ★

"LUCITONE" *is the trade mark of the only methyl methacrylate resin denture material completely processed by Du Pont. "Lucitone" is distributed solely by The L. D. Caulk Company, Milford, Delaware.*

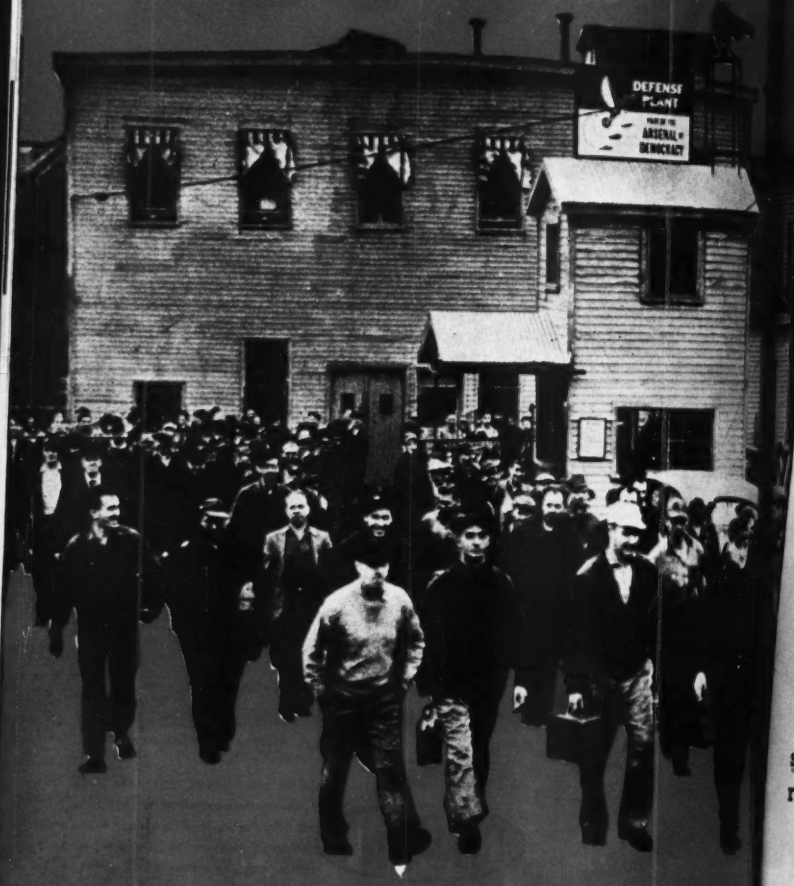
DU PONT

REG. U. S. PAT. OFF.

"LUCITONE"

Better Things for Better Living . . . *Through Chemistry*

This is YOUR A



IDEAL TOOTH INCORPORATED · CAMBRIDGE, MAS

R Any - Dr. Jones . . .

THEY are your patients, here at home. They will need you more than ever. Your responsibility is greater, because many of your colleagues are now in the armed forces. More people depend on you for better dentistry . . . for better, more efficient dentures.

Time is short. Save valuable hours by using time-tested teeth that you know will completely satisfy your patients . . . the teeth most natural in appearance . . . the teeth with a proven record of unusual strength.

The original masterpiece, Dr. Myerson's TRUE-BLEND teeth, have an unequalled record as to strength . . . they are the most natural in appearance. Now, in war-time, more than ever before, the best is indicated for all your cases. For the best . . . the safest . . . the most natural . . . in dental restorations, use

Dr. Myerson's

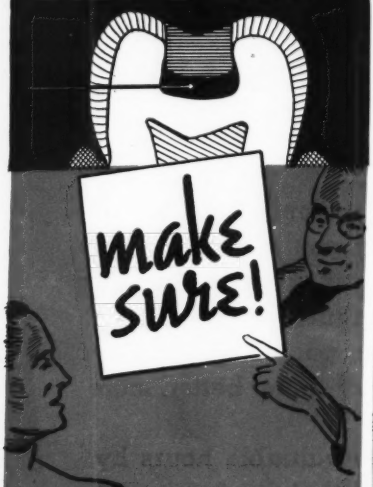
TRUE-BLEND Anteriors

and

TRUE-KUSP Posteriors



SILV-O-DENT



If a pulp can be saved . . . Silvodent will save it. Silvodent is unlike any other Oxy-eugenol silver preparation. It is soothing to the dental pulp and may be placed in direct apposition with the vital pulp for complete protection. Silvodent positively prevents secondary decay.

SILV-O-DENT

O-4-43

The Silvodent Company
1708 N. E. Alberta
Portland, Oregon

You may send me a copy of your free book-let about Silvodent, Oxy-eugenol silver.

Dr. .....

Address .....State .....

City .....

SEND COUPON FOR FREE TECHNIQUE BOOK



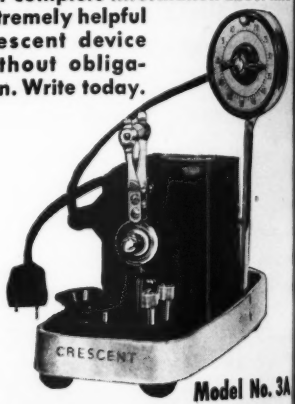
Crescent



WIG-L-BUG

Pat. May 21, 1940

This Wonder Electric Mortar and Pestle assures *uniform* results . . . Its mix is a smooth fine texture always the same. The Wig-l-bug eliminates human error, unnecessary waste of alloy and mercury. It standardizes technic and not only makes better fillings but makes them faster . . . Only 7 to 10 seconds are required to triturate enough amalgam for an ordinary size filling with the Wig-l-bug and your favorite alloy. Get complete information about this extremely helpful Crescent device without obligation. Write today.



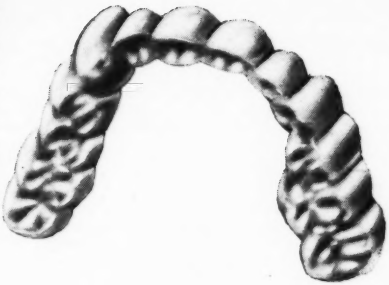
Model No. 3A

Through your dealer or direct

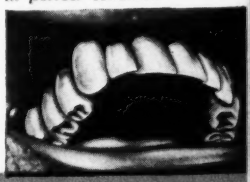
CRESCENT DENTAL MFG. CO.
1839 S. Crawford Ave., CHICAGO



. . . Removal of teeth indicated, although all teeth were vital. Patient rejected . . . Decision reached to make continuous maxillary all-ACRYNAMEL bridge. Placed in the mouth February, 1941.



Examined February, 1943—in perfect condition



FLUORESCENT

Acrynamel



. . . unusual lightness . . . strength . . . fluorescence of Fluorescent ACRYNAMEL presents opportunities for modern prosthetics never before possible.

And ACRYNAMEL offers the exclusive advantage of *natural fluorescence*—restorations look real . . . match adjoining teeth . . . defy detection, regardless of hour, location, atmosphere or type of artificial light.

---

technique for the all-ACRYNAMEL bridge is illustrated in JUSTI-FACTS and JUSTI RESEARCH SUGGESTS in the current issues of "Dental Survey" and "Dental Digest" respectively.

LABORATORY KIT *(illustrated)*. . . **$58.50**
MASTER KIT **30.00**
JUNIOR KIT **18.50**

* * *

FILM-AC is the improved Acrynamel separator that actually forms a protective film on all acrylic-investment surfaces—yet leaves no film on acrylic, porcelain or metallic surfaces. FILM-AC is now included in all Fluorescent ACRYNAMEL kits.

JUSTI *Products for Modern Prosthetics*

JUSTI & SON, INC., PHILADELPHIA, PA. – RELIABLE DENTAL PRODUCTS SINCE 1864



A new flavor's come into my life!

That's what patients of all ages say when they try the new Kolynos Tooth Powder. Its flavor is different . . . delicious . . . leaves a fresh taste . . . does a thorough job of cleaning too! Have you tried the new Kolynos Powder, Doctor?

KOLYNOS

Reg. U. S. Pat. Off.

POWDER • PASTE



THE KOLYNOS COMPANY • NEW HAVEN, CONN



To the laboratory it's

To you, Doctor . . . *Mrs. Smith's Partial Denture*

To Mrs. Smith . . . ?

To Mrs. Smith it should be that beautiful new restoration that fits so comfortably, and that her friends admire because it looks so natural. You can be sure, Doctor, of Mrs. Smith's genuine praise when you specify Durallium on your cases. Its versatile qualities offer everything to be desired in a chrome cobalt alloy for cast restorations. This, together with the skill and craftsmanship in processing Durallium, as offered by your Durallium Qualified Laboratory, will assure you of lasting patient satisfaction.

Durallium

PRODUCTS CORPORATION

225 NORTH WABASH AVENUE CHICAGO

If she's never worn a denture before, she'll appreciate



MOY

Holding Powder



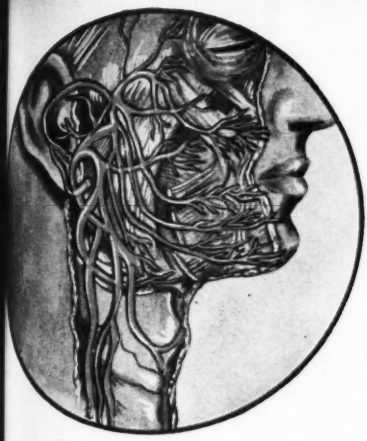
Her new denture is made to *stay* in place without help. But because it's new and unfamiliar—because she's never worn a denture before—because her gums may be tender and sore—it's wise to help her along a bit. MOY Holding Powder is perfect for use during this period of adaptation. It's pure white, alkaline and pleasant-tasting. It won't show thru transparent dentures—won't leave a gummy residue. *It holds teeth tightly in place—and at the same time forms a soft, soothing cushion for aching gums.* MOY'S U. S. P. peppermint flavor helps prevent gagging and nausea. Why not recommend this finer, *modern* powder to *your* patients? We'll gladly supply free professional samples for your use.

THE J. BIRD MOYER COMPANY, 1210-14 Vine St., Philadelphia, Pa. OH-4
Please send samples of MOY, white alkaline holding powder to:

Name .....

Address .....

My druggist is ..... Address .....



HONEYCOMBED WITH Nerve-Fibres

The mucosa of the oral cavity and related muscular structures are well supplied with both sensory and motor nerves—explaining the exquisite tenderness and local spasticity following a difficult tooth-extraction.

FOR POST-EXTRACTION COMFORT

As a comfort-bearing analgesic for prolonged topical application to the buccal mucosa

Dillard's Aspergum

is now being widely used as a routine postoperative relief measure.

By chewing Aspergum the patient releases a soothing flow of aspirin-laden saliva that laves the recesses of the gingivae. Traumatized tissues are kept moistened and less sensitive to pain.



Use Dillard's Aspergum preoperatively to allay apprehension and pain, postoperatively to relieve discomfort following surgical procedure or as a means of soothing gingival soreness associated with periodontal treatment.

Ethically promoted—not advertised to the laity.

WHITE LABORATORIES, INC., NEWARK, N. J.

TAILOR-MADE FOR THE NEWER TECHNIQUES

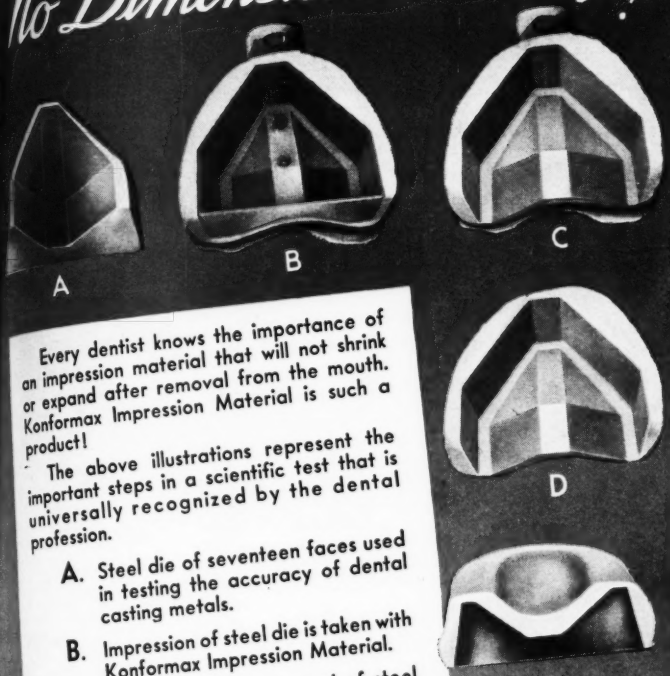


Specifically designed for the newer acrylic cases, Williams *Spur-Saddle* Lingual Bar quickly adapted, with reinforcing "spurs" which lie neatly over the ridge and betwee the teeth without bulkiness or interference. Entire bar anatomically contoured—an full 16 karat. Corrugated, slotted ends assure perfect retention in the denture mat rial. Ask your dealer for full details—or write. Williams Gold Refining Co., Inc Buffalo, N. Y.; Fort Erie, N., Ont.; Havana, Cuba.

WILLIAMS

SPUR-SADDLE LINGUAL BA

No Dimensional Change!



Every dentist knows the importance of an impression material that will not shrink or expand after removal from the mouth. Konformax Impression Material is such a product!

The above illustrations represent the important steps in a scientific test that is universally recognized by the dental profession.

A. Steel die of seventeen faces used in testing the accuracy of dental casting metals.

B. Impression of steel die is taken with Konformax Impression Material.

C. Impression after removal of steel die, 3 minutes later.

D. Impression after removal of tray, 24 hours later.

E. Replacement of steel die in unsupported impression, proving the strength of a Konformax Impression and the absence of dimensional change!



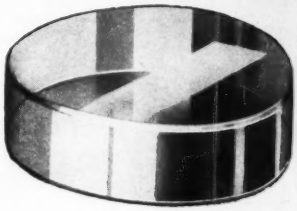
WRITE FOR FOLDER DESCRIBING EXTREMELY SIMPLE TECHNIQUE

Order Through Your Dental Supply House

KONFORMAX LABORATORIES, INC. BROOKLYN, N. Y., U. S. A.

Glass Cement Slabs

—in all sizes and shapes



Since Buffalo Dental introduced the No. 7 Round Glass Cement Slab, shown above, it has had widespread endorsement. It is easy to handle — fits comfortably between the thumb and finger; easy to keep from chipping because it has no sharp corners. Four inches in diameter. Price, $1.75.

★ ★

Other Slabs

No. 6—Rectangular, 6″ x 3″ x 1″—all surfaces polished; weight, 1½ lb.—$1.25.

No. 10—Same as No. 6 but ¾″ in thickness —weight, 1¼ lb.—Price $1.20.

Buffalo Dental

MANUFACTURING CO., BUFFALO, N. Y., U. S. A.



The First Step...

Squibb Dental Products

Squibb Dental Cream—A safe, effective dentifrice made with Squibb Milk of Magnesia—a fine antacid. Smooth, creamy and pleasant to use.

Squibb Tooth Powder—For those who prefer powder. Provides the same advantages as Squibb Dental Cream. Safe and pleasant to use.

Squibb Angle Toothbrush — Has a small brush head mounted on a thin metal shank, *bent at an angle like your mouth mirror.* Has high quality, long-lasting Syntron® (synthetic) bristles.

Pargran-V and Pargran-M—The former, a multi-vitamin perle, the latter, a calcium-iron capsule, supplying in proper balance the vitamins and minerals most generally insufficient in the diet. Formula meets recommendations of Food and Nutrition Board of the National Research Council. May be used to supply one-quarter, one-half, three-quarters or the full daily allowances of these vitamins and minerals. Write for literature.

"Syntron" (Reg. U. S. Pat. Off.) is a trade-mark of E. R. Squibb & Sons.

YOUR professional care is the important first step in the establishment of oral health. Having completed such service, you can often render further assistance by suggesting home care which will assure the maintenance of proper mouth hygiene.

Why not recommend Squibb Dental Cream and the Squibb Angle Toothbrush to your patients? Squibb Dental Cream cleans thoroughly and brings to the mouth a sensation that's truly refreshing and delightful . . . while the unique design of the Squibb Angle Toothbrush makes it possible to do a grand job of getting at the hard-to-reach surfaces of the teeth. Like all Squibb Products they are recognized for their high dependable quality.

E·R·SQUIBB & SONS

Manufacturing Chemists to the Medical and Dental Professions since 1858.

Right in your own chair— you may see these disfiguring

CERVICAL GROOVES

. . . caused by abrasives used in leading toothpastes and powders



NEW TEEL TECHNIQUE CLEANS *SAFELY* . . . avoids "grooving"

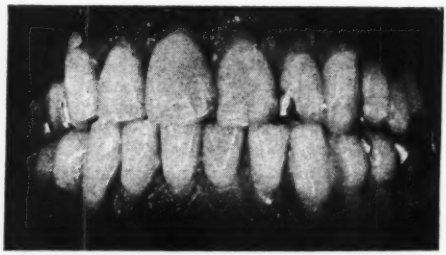
Ever notice, doctor . . . how patients who take the *best care* of their teeth often suffer the deepest grooves of the type shown above?

These grooves are clean-cut notches in the dentin, polished smooth by brushing—readily distinguished from irregular acid erosions. They are caused, clinical and laboratory studies confirm, by brushing with abrasives—the abrasives used in popular toothpastes and powders. These abrasives may gradually grind away dentin exposed by gingival recession, cutting the deepest grooves in teeth brushed most thoroughly.

8 IN 10 ADULTS RISKED GROOVES

The clinical and laboratory findings* may be summarized as follows:

***First*, 58% of all adults examined had these grooves in softer calcified parts of teeth (exposed by receding gums)—cavities ground-in by abrasives contained in toothpastes and powders they regularly used.** ***Second*, the deepest ground-in cavities were found in teeth cleaned most thoroughly.** ***Third*, 8 in 10 had sufficient gingival recession to run this risk constantly.**



POPULAR TOOTHPASTES AND POWDERS DID THIS: Here gingival recession is followed by deeply abraded cervical grooves and fillings. In clinical examination, over half of patients showed grooves from 0.1 m.m. to 1.5 m.m. As age advances, cervical exposure increases and abrasions multiply and deepen.

TEEL, the modern liquid dentifrice, overcomes this injury to teeth—because TEEL is the *only* leading dentifrice that cleans *without abrasives.* (See chart

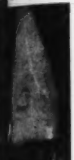
**Journal of Dental Research,* 20 565-95, *Dec.* '41.

elow.) Moreover, TEEL is equal other popular dentifrices in eaning efficiency. Used daily in njunction with the toothbrush, EEL readily removes "materia lba," mucin plaques, and the ual surface discoloration.

NEW TEEL TECHNIQUE REMOVES "STAIN," TOO



Teeth before brushing tests.



r teeth. Grooved de was brushed th toothpaste— ned right side Liquid TEEL.

The new TEEL Technique also overcomes a more difficult type of "stain" which accumulates on the teeth of some patients. Recent studies show that a tenacious, nonbacterial, discoloring protein "skin" builds up on the tooth enamel of about one in five patients in the absence of abrasive action. In some persons it appears as a pale yellow "stain," and in others is even darker, sometimes slowly assuming a brownish cast.

While abrasives remove this staining "skin"— daily use of an abrasive dentifrice also may grind into exposed cementum and dentin.

The new TEEL Technique solves the problem. Patients brush twice daily with TEEL—and one extra minute a week with TEEL and plain baking soda.

This new technique provides minimum *weekly* abrasion—sufficient to remove the staining "skin"... and provides *daily* oral hygiene without any abrasion whatever.

Samples of TEEL will gladly be sent on request; also scientific studies upon which the New TEEL Technique is based. Address: DEPT. OF DENTAL RELATIONS, PROCTER & GAMBLE, Cincinnati, Ohio.

TESTS SHOW DAMAGE CAUSED BY TOOTHPASTES AND POWDERS

Under identical conditions, the same teeth were brushed with TEEL or plain water and—on the reverse surface—with toothpastes or powders. Each test was approximately equal to six years' brushing *in vivo*.

	Depth of Abrasion (in hundredths of m.m.)
Toothpaste A	46.3
" B	40.6
" C	55.0
" D	33.4
" E	18.5
" F	32.5
" G	44.3

	Depth of Abrasion (in hundredths of m.m.)
Toothpowder A	79.0
" B	62.6
" C	82.3
BRUSH AND WATER	0.5
BRUSH AND TEEL	0.0

Above tests reported in Jrnl. of Dental Research, 20 583-95, Dec. '41; 21 335, June '42.

TEEL'S New Technique consists of—

Twice daily — Brush the teeth with TEEL; a few on dry or moist brush. ides daily hygiene with no sion.

2. *Weekly* — Brush teeth for at least one extra minute with plain baking soda on brush moistened with TEEL. Necessary abrasive action each week to remove surface 'stain'.



PROCTER & GAMBLE, Cincinnati, Ohio

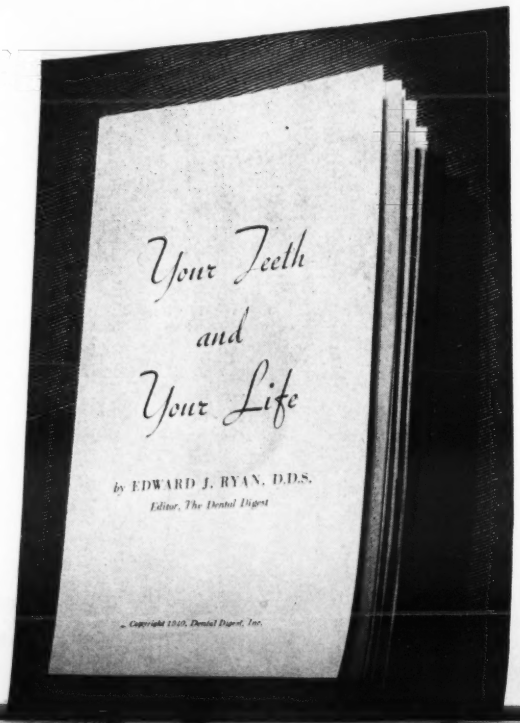
To date we can report sales of this ethical, educational booklet totaling over 180,000. Many dentists throughout the country are using it regularly.

There are many reasons why you, too, should use *Your Teeth and Your Life* in your patient education program. You need only to observe the contents of the booklet to realize the importance of getting a copy into the hands of each of your patients. It is material they will read. It will benefit them. It will help you as patients are appreciative of the dentist who has their welfare in mind.

Your Teeth and Your Life explains in lay language the wisdom of proper and constant dental care. The charts in the booklet, printed in two colors, tell the essential story. The material can be used in many ways: (1) as a statement enclosure; (2) for reception room use; (3) for patient distribution upon dismissal; (4) for dental societies and Parent-Teacher Association groups; (5) for enclosure with patient recall cards.

The prices are low—25 for $1.00; 100 for $3.00. Prices even lower in larger quantities. Send your check now. Sample copy sent upon request.

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1005 Liberty Ave., Pittsburgh, Pa.





Every dentist plays an important rôle in the nation's efforts to minimize worker-absenteeism. You can provide fast relief from dental pain and help keep the worker on the job by recommending ANACIN. Two tablets, with water, usually provide gratifying relief.



ANACIN COMPANY, JERSEY CITY, N. J.

ANACIN

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THE DENTAL DIGEST
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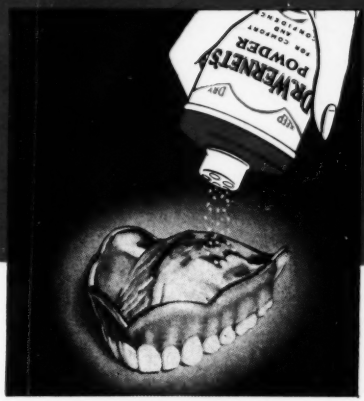
"BUREAU-DRAWER"



"I never wear them around the house"
—says many a new-denture patient. But in most cases, if the patient had used Dr. Wernet's Powder, adaptation would have been easier, faster and the restoration would never have become a "bureau-drawer" denture.

R A R" DENTURES

Avoided
of 10 Cases
Use of this
Powder



bureau drawer goes many
erfectly fitting denture. Yet
rnet's Powder, in 7 out of
es, would have prevented
ient's dissatisfaction, hastened
ion to the new denture.

Wernet's Powder is acceptable
ht to the patient, easy and
t to use because of its delicacy
rity. It helps adapt the patient
new denture and is good in-
against unfounded dissatis-
or criticism.

rtial laboratory tests prove Dr.
's Powder to be 26.1% whiter
er than the average of leading
itors; 50% more viscous (for
m security) and 46.5% more
ent (for faster denture control).



So Pure In Ice — You Eat It Cream

The basic ingredient of Dr. Wernet's is the same as is used in the making of fine ice cream.

FREE SUPPLY on Request to Wernet
Dental Mfg. Co., Dept. 1-D, 190
Baldwin Ave., Jersey City, N. J.

DR. WERNET'S POWDER

ADAPTS THE PATIENT TO THE DENTURE

. . . DOUBLE GUARANTEE *for finer Radiographs*



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Results count. In wartime America waste and inefficiency is sabotage. Because there is no margin for error, x-ray technicians in dental darkrooms the country over must be sure *the first time*. That's why they specify F-R. That's why, too, F-R is proud to distribute du Pont X-Ray Films along with F-R Solutions as the perfect combination for finer radiographs. Specify both of these products today — *you can depend on them.*

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Those Precious Casting Rings!

ASTING rings, of war-time critical metals, are suddenly pre- cious. Make yours last, until Victory, by investing only Kerr Cristobalite, the chlorine-free material that never cor- rings or the delicate nichrome elements of your furnace.

the same time, get silky-smooth castings of precision not erwise attainable—castings that will also easily brush clean hout dangerous digging.

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R DENTAL MFG. CO.
Established 1891
Detroit, Michigan

These rings have made thousands of castings with Cristobalite. Unretouched photo.



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Then There Were Only

TWENTY-NINE UNITED STATES

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THE Union was young indeed when the founders of Church & Dwight Company joined, in 1846, to produce the first Bicarbonate of Soda in this Hemisphere. At that time only 29 States had been granted sovereign State status, all but four of these, Louisiana, Texas, Missouri and Iowa, being in the territory East of the Mississippi River.

Not many existing organizations trace their founding to such early days, nor point to such a long record of continuous experience in the making of a single product. We have specialized in the production of Bicarbonate of Soda, a product well known and frequently used in the practice of dentistry.

Our two Bicarbonate brands, Arm & Hammer and Cow Brand, are commonly known as Baking Soda. Both are U.S.P. products and are among the dentifrices acceptable to the American Dental Association Council.

They clean teeth effectively—are excellent to use on dentures. In a 2% solution they make a good cleansing gargle for use in post-operative care. Dentists can save in office and laboratory maintenance by using our Baking Soda in the vulcanizer to prevent the black deposit and in the sterilizer to protect instruments from rust and tarnish. On a dampened cloth, they clean and brighten glassware, shelves, porcelain trays and cabinet tops.

Arm & Hammer and Cow Brand are so inexpensive that they can be freely used. The cost is just a few cents a package.

Business Established in 1846

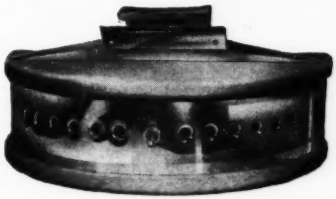
CHURCH & DWIGHT CO., Inc.

10 Cedar Street New York, N.Y.

REPAIRS ACRYLIC DENTURES QUICKLY AND EASILY, *Positively Eliminating Warpage*

THERMACRYL REPAIR UNIT

13 Inches Long
6½ Inches Deep
4 Inches High



WARPAGE . . . Numerous tests conducted before thousands of amazed dentists and technicians at the recent Greater New York Dental Meeting, conclusively demonstrated that the Thermacryl Unit makes acrylic dentures repairs quickly, accurately and without warpage.

EASY TO OPERATE . . . After a few simple preparatory operations, you place the denture in position on the Thermacryl Unit—snap on the switch and in 15-30 minutes the repair is complete.

ORDER THROUGH YOUR DEALER OR DIRECT

$30.00
F. O. B. N. Y.

Has These Repairs

- Porosity
- Fractures
- Replacing Teeth
- Replacing Clasps
- Replacing Lingual Bars, etc.

Has These Advantages

A. Simplicity
1. No Wax Up
2. No Flasking
3. No Boiling Out
4. No Trial Packing
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B. Saves Time
1. Eliminates the aforementioned operations
2. Two dentures can be repaired at once
3. No long curing necessary
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C. No Warpage
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National Distributor

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MILD
Sugar Acid
IS THE SECRET OF GLUCAINE'S GREAT TISSUE COMPATIBILITY

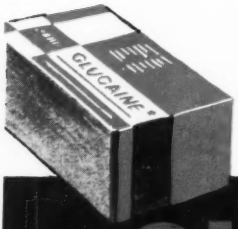
Since an aqueous medium is necessary for injection of a dental anesthetic—and since procaine base is itself insoluble in water . . . most anesthetic manufacturers have used the hydrochloric acid salt as the soluble derivative of the procaine.

Glucaine was developed to overcome the disturbances caused by the incompatibility of harsh procaine hydrochloride solutio upon injection into tissue. The secret Glucaine's great tissue compatibility in the use of Gluconic Acid as the p caine vehicle. Gluconic Acid is the oxidation product of Glucose, and widely recognized beneficial medici substance.

Although mild in its relation to tissue, Glucaine gives a rapid onset of deep anesthesia. In addition, Glucaine's great tissue compatibility tends to reduce distressful patient reactions at the chair as well as painful post-operative complications.

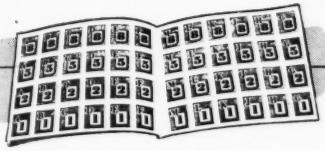
Be sure that you are securing the benefits that Glucaine can bring to your practice—Order Glucaine TODAY.

LEE S. SMITH & SON MFG. CO.
PITTSBURGH, PA.



GLUCAINE
The Modern Anesthetic

Why Food Rationing Means Extra Responsibility — New Opportunity for the Dentist



In these days of food rationing and shortages, the dentist is called upon to do more than repair oral damage. He must also make sure that his patients continue to get all the vitamins and minerals necessary to strong, healthy teeth and gums.

They will—if they're told about Vimms. By recommending this balanced supplement you will help them—and help yourself as well. For it is preventive care such as this that builds a steady, loyal practice.

3 Vimms a day supply:		
Vitamin A as much as in	Vitamin B_1 as much as in	Vitamin B_2 (G) as much as in
20 pats. BUTTER	1⅓ PORK CHOPS	⅚ QUART MILK
Vitamin C as much as in	Vitamin D as much as in	Vitamin P-P as much as in
5 oz TOMATO JUICE	1½ tsp. COD LIVER OIL	½ lb. HAM
CALCIUM as much as in	PHOSPHORUS as much as in	IRON as much as in
1½ oz AMER. CHEESE	1½ EGGS	⅔ lb. STEAK

For clinical samples, please write to Lever Brothers Company, Dept. D-7, Pharmaceutical Division, Cambridge, Mass. (Offer good in U. S. A. only.)

Four reasons for recommending Vimms

1. Vitamin deficiencies rarely occur singly. Vimms supply all essential vitamins (including Vitamin C) in full minimum amount recommended by the Government[1] and adopted as a standard by the A. M. A.[2]
2. Calcium, Phosphorus and Vitamin D are needed in building and maintaining tooth structure. And Vimms supply generous amounts of all three.
3. Current animal studies indicate that the B-Complex vitamins may be one of the important factors in the prevention of paradentitis and gingival pathology.[3] Vimms supply substantial potencies of all three essential B-Complex vitamins.
4. Vimms are palatable and low in cost. 50¢ for 24 tablets; $1.75 for 96 tablets; $5.00 for 288 tablets.

[1] Food and Drug Administration
[2] Jour. of the A. M. A., July 18, 1942, pp. 948-9
[3] J. Periodontology, 13, 18 (1942)

Vimms

All the vitamins *known to be essential*
All the minerals *commonly lacking in the diet*

At no cost to yourself, you can help a brave brother dentist

ORAL HYGIENE prints this advertisement in an effort to help a courageous dentist, Dr. Russell Panzica. Under 40, Doctor Panzica is the victim of multiple sclerosis.

Unable to practice, he is working bravely to support his family by selling magazine subscriptions. You can send him your 1943 renewal orders now, and at publishers' regular rates:

The Reader's Digest: $3 yearly; $5 for two years. Gift subscriptions, for boys in military service, are only $1.50 each.

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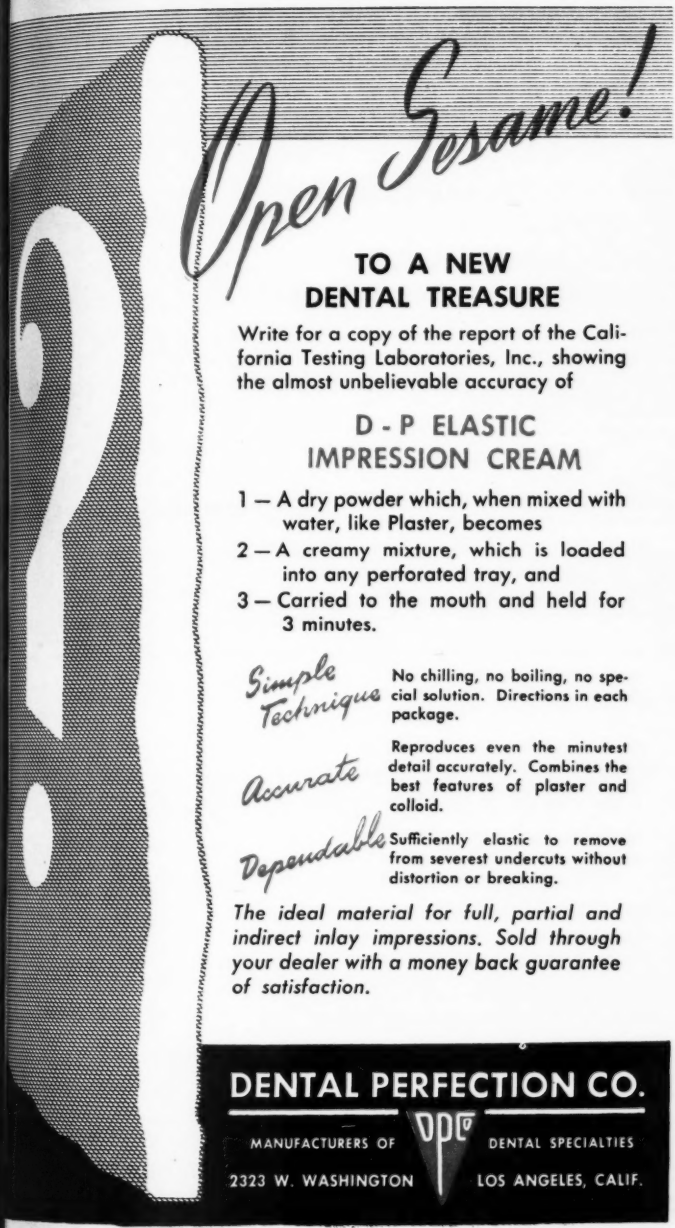
You may also include subscriptions for any other magazines.

Please make your checks payable to the magazines themselves, but send to

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TO A NEW
DENTAL TREASURE
Write for a copy of the report of the California Testing Laboratories, Inc., showing the almost unbelievable accuracy of
D - P ELASTIC
IMPRESSION CREAM
1 — A dry powder which, when mixed with water, like Plaster, becomes
2 — A creamy mixture, which is loaded into any perforated tray, and
3 — Carried to the mouth and held for 3 minutes.
Simple Technique
No chilling, no boiling, no special solution. Directions in each package.
Accurate
Reproduces even the minutest detail accurately. Combines the best features of plaster and colloid.
Dependable
Sufficiently elastic to remove from severest undercuts without distortion or breaking.
The ideal material for full, partial and indirect inlay impressions. Sold through your dealer with a money back guarantee of satisfaction.
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MANUFACTURERS OF
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HUPPERT
FURNACES



Model illustrated

$74.25
COMPLETE

Write for catalog showing full line of Dental Furnaces.

HUPPERT UNIVERSAL FURNACES. Definite heat control to 1800° F., with three heat ranges plus seven button control in each range. Large Muffle, wound with special alloy wire, handles largest size flask. Large type Pyrometer.

K. H. HUPPERT
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ALWAYS *runs true*



Crescent Webbed Polishers

- Smooth, gentle, yet powerful
- Permanently mounted; will not slip off
- Webs provide greater, more effective polishing surface
- Webs retain abrasive while in use



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COGSWELL'S

"DENTAL ORAL SURGERY"

A text book for the general practitioner . . . and for the man who specializes. **Price, $10.**

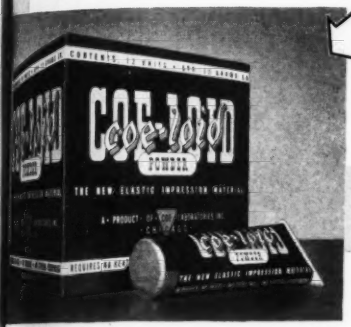
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THE DENTAL DIGEST 1005 Liberty Ave. Pittsburgh, Pa.

NOW

You Can Save 20% on Tried and Proved

COE-LOID POWDER



The New Elastic Impression Material

Trade-Mark Registered U. S. Pat. Office

CHECK THESE COE-LOID ADVANTAGES

- ✓ EASY TO USE—Requires no heating, no chilling, no special equipment. Just mix with cool water.
- ✓ TIME-SAVING—Requires only two minutes to prepare for use.
- ✓ HIGH FIDELITY IMPRESSIONS—An improvement over the thermoplastic hydrocolloids—produces impressions of unusual accuracy . . . will not slump away from high vaults and deep undercuts.
- ✓ CHEMO-SET ACTION—Congeals by chemical action. Has high degree of elasticity.
- ✓ PATIENTS PREFER IT—Cool, comfortable in the patient's mouth. Reduces gagging.
- ✓ ECONOMICAL . . . GUARANTEED RESULTS

Important Notice

Under no circumstances should you use more water with Coe-Loid Powder than specified in the directions accompanying each box. During the first minute of spatulation the mixture will seem dry. During the second minute of spatulation it will reach its proper consistency. Remember, spatulate for two minutes. Do not add more water than directed. This is important.

We have already announced, Doctor, in March issues of Oral Hygiene and Dental Survey and in the February and March issues of Cal Magazine, the new reduced price of Coe-Loid Powder, tried and proved Elastic Impression Material. In case you failed to see that announcement, here's the story:

Coe-Loid Powder has been on the market only one year. Yet, it has been accepted by the profession with such enthusiasm that it is being produced by mass production methods. A 20% reduction in the price of Coe-Loid Powder, made possible by volume production economies, is being passed on to you, Doctor.

Quick, Cool, Easy to Use

Coe-Loid Powder is quick, cool, easy to use—requires no heating, no chilling, no special equipment or gadgets. Just add cool water and spatulate for two minutes. Patients prefer its coolness, pleasing taste and color. Coe-Loid Powder produces impressions of exceptional accuracy—from which you get models of exceptional smoothness.

Take advantage of this saving now. Order a box of one dozen units from your dealer today. (See the Coe guarantee.)

The Coe Guarantee: **Doctor, you needn't risk one cent to try this tried and proved impression material. Order a box of twelve COE-LOID POWDER units. Take three or four impressions. If not completely satisfied, return unused units for full credit.**

COE LABORATORIES, INC.
6033 Wentworth Ave., Chicago, Ill.

APPROVED AND ACCEPTED BY
THE INDUSTRY'S LEADERS

LUCITONE * VERNONITE * CRYSTOLEX *



All approve POLIDENT for safe brushless cleansing of acrylic resin restorations

To safely prevent mucin-film, stains, tarnish from deadening the beautiful *lively* color of Crystolex, Lucitone and Vernonite restorations, makers of these products approve daily use of Polident. Take their expert and considered advice. Your patients will delight in the easy way Polident cleans and polishes plates like new—*without brushing*—harmlessly dissolves away discoloration and odors.

FOR SAMPLES write Hudson Products Inc., 8 High Street, Jersey City, N. J.

* *After being subjected to long-time tests, Polident won positive approval by these outstanding technicians; is one of the denture cleansers they accept and approve.*

Warn Denture Patients about Abrasion Dangers



BEFORE

Unretouched photo of new denture, enlarged 1.4 diameters, showing palatal ridges.



AFTER

Retouched photo of same plate after 1500 strokes of brush with household cleanser in abrasion machine. Palatal ridges worn down badly.

Laboratory Tests Reveal That Abrasive Action of Brushing May Destroy Denture Fit

Every denture patient should be warned that dental plates are softer than natural teeth and should not be brushed with abrasive makeshift cleaners such as toothpowders, toothpastes and household cleansers.

Laboratory tests reveal that such brushing wears down the fitting ridges, and in addition scratches the polished surfaces, causing film and stains to collect faster and cling together.

"PLAY SAFE... USE POLIDENT"

These four words are good "follow through" in a dentist's service to his denture patient. The patient will long remember who told her about the Polident *soaking* method of cleaning dentures, which not only cleans plates better but eliminates the risk involved in brushing methods.

Write for free supply of samples
Hudson Products, Inc., Dept. 1-D,
8 High St., Jersey City, N. J.

POLIDENT

The Safe, Modern Way to Clean Plates and Bridges

APPROVED

Polident is approved by the leading makers of acrylic resin and other modern denture materials.



QUESTION: *Why do you choose canned evaporated milk for use in preparing the formulae for so many of your infants?*

ANSWER: Treatments such as homogenization and heat processing used in the production of evaporated milk alter the physical properties of the proteins so as to produce a soft curd which is easily digested by the young infant (1). Because of the uniform composition of evaporated milk, it is easy to modify the formula as may be indicated by the behavior of the individual infant (2). In addition, the ready availability in all localities, and the economy of canned evaporated milk are important factors contributing to an adequate intake of milk during infancy and later life (3).

AMERICAN CAN COMPANY, 230 Park Avenue, New York, N.Y.

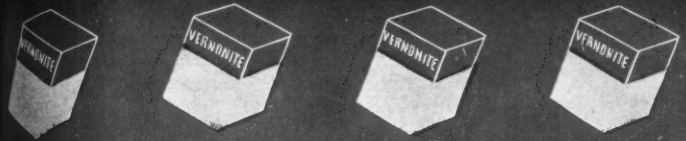
(1) 1939. Accepted Foods and Their Nutritional Significance, Council on Foods, American Medical Association, Chicago, Illinois.

(2) 1937. American J. Digestive Disease and Nutrition, 240.

(3) 1940. Am. J. Pub. Health 30, 169.

ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods

The Seal of Acceptance denotes that the nutritional statements in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.



Freedom

from adulterants

★ *THIS* **FREEDOM means much to dentistry. The fact that VERNONITE is made entirely of pure acrylic materials and contains NO Plasticizers or non-resinous ingredients of any kind, *safeguards* the restoration against such factors of deterioration as chemical instability, inherent weaknesses that result in breakage, possible incompatibility to tissue. You can specify Vernonite with complete confidence because its purity is *known*, its behavior during processing is *known*, and its *known* record of satisfactory service in thousands of mouths extends into the *seventh year*. This guarantee appears on every package: Vernonite contains no plasticizers. It assures maximum resistance to heat, light, moisture and the ravages of time. Get sure, pure Vernonite.**

VERNONITE is manufactured by Vernon-Benshoff Company under U. S. Patent numbers 1,980,483 — 2,013,295 — 2,120,006 from pure methacrylic ingredients formulated by Rohm & Haas Company, exclusively for Vernon-Benshoff Company.

VERNON-BENSHOFF COMPANY

P. O. BOX 1587 PITTSBURGH, PENNA.

GARHART ALLOYS



Royal-Third



H.S.G.W.

PROCESSED TO END TROUBLESOME FILLING DEFECTS

SPECIALLY processed to eliminate troublesome filling defects, Garhart Alloys produce amalgams with the least amount of mercury and the highest amount of silver and alloy. Easy to mix, easy to adapt; afford a more plastic, denser, and finer texture. There's a Garhart Alloy for every requirement and setting speed—Try them, for their quality and economy.

★ *Garhart Alloys are guaranteed to produce pressure—tight fillings when properly inserted—*

★ *Banish disintegrated margins and jet black fillings.*

★ *Eliminate pebble or pitted surfaces—*

★ *Use Garhart Alloys for perfect fillings —enduring performance.*

ROYAL SUPER-FIRST

75% Silver guaranteed. The world's highest percentage Silver Amalgam Alloy. Complies with A.D.A. Specification No. 1.

Royal Third H.S.G.W. Royal Super-First	1 oz.....$1.80 5 oz.....$8.50	10 oz.....$16.00 20 oz.....$31.00

Order Garhart Alloys from Your Dealer

GARHART DENTAL SPECIALTY CO.

FINE FILLING MATERIALS SINCE 1892

KENDALL SQUARE • CAMBRIDGE, MASS.


WANTED
ONE SET FALSE TEETH
only skilled chewers need apply
THE edentulous patient who expects his new prosthetic appliances to be already trained in the art of trituration, must be lead to realize that it's the *wearer* who must develop the skill. Practice mastication with a non-nutritive bolus can help him master the manipulative technique, and accustom his gums to the pressure necessary for greater strength of bite.
Dentyne Gum is uniquely adapted for this purpose because of its pleasantly firm resilience and appealing flavor.
DENTYNE
CHEWING GUM
HELPS KEEP TEETH WHITE
5¢
Dentyne
CHEWING GUM THE IDEAL MASTICATORY

Calcium Shortage Predicte

TOOTH HEALTH REQUIRES

vitamin D

. . . IT "STRETCHES" CALCIUM SUPPL



"The only nutrients we will have less than the standards require are calcium, niacin and riboflavin."

Food Administrator Claud R. Wickard

YOU have a sound, tested, demonstrated way to help overcome calcium shortages in future diets—tell your patients to *be sure that Vitamin D, the calcium activator, is always supplied adequately.*

Calcium *without* enough Vitamin D is largely wasted. Calcium *with Vitamin D* is utilized to the maximum extent. Now that a calcium shortage has been predicted, VITAMIN D should *always* be supplied.

Vitamin D is the only food factor which can "stretch" the calcium supply. Vitamin D can no longer be considered as a nutritional benefit—it is now the INDISPENSABLE necessity for tooth health!

Advise your patients to protect their teeth against calcium-poor diets by getting Vitamin D regularly. Products shown below are reliable. All are tested in Foundation laboratories.

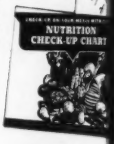
WISCONSIN ALUMNI RESEARCH FOUNDATION

Approved for VITAMIN D upon periodic tests

THIS SEAL or mention of the Fo dation's name identifies depend convenient, economical Vitam products. Suggest them to y patients.

BE SURE YOU GET THESE I TANT BOOKLETS

"Dietary Survey of Dental Literature" and the new "Nutrition Check-up Chart" are sent free. They help you in advising your patients regarding their dietary needs.



WISCONSIN ALUMNI RESEARCH FOUNDATION
MADISON, WISCONSIN



Irradiated Evaporated Milk.



Irradiated, Metabolized, and Fortified Vitamin D Milks.



Quaker Farina, Muffets, Wheat Sparkies, Rice Sparkies.



Cocomalt — Salerno, Laurel & Johnston Graham Crackers.



Sunfed Bread—a better "Staff of Life."



Ovaltine, and Fle mann's Y

ALSO VIOSTEROL AND VIOSTEROL-FORTIFIED MEDICINALS

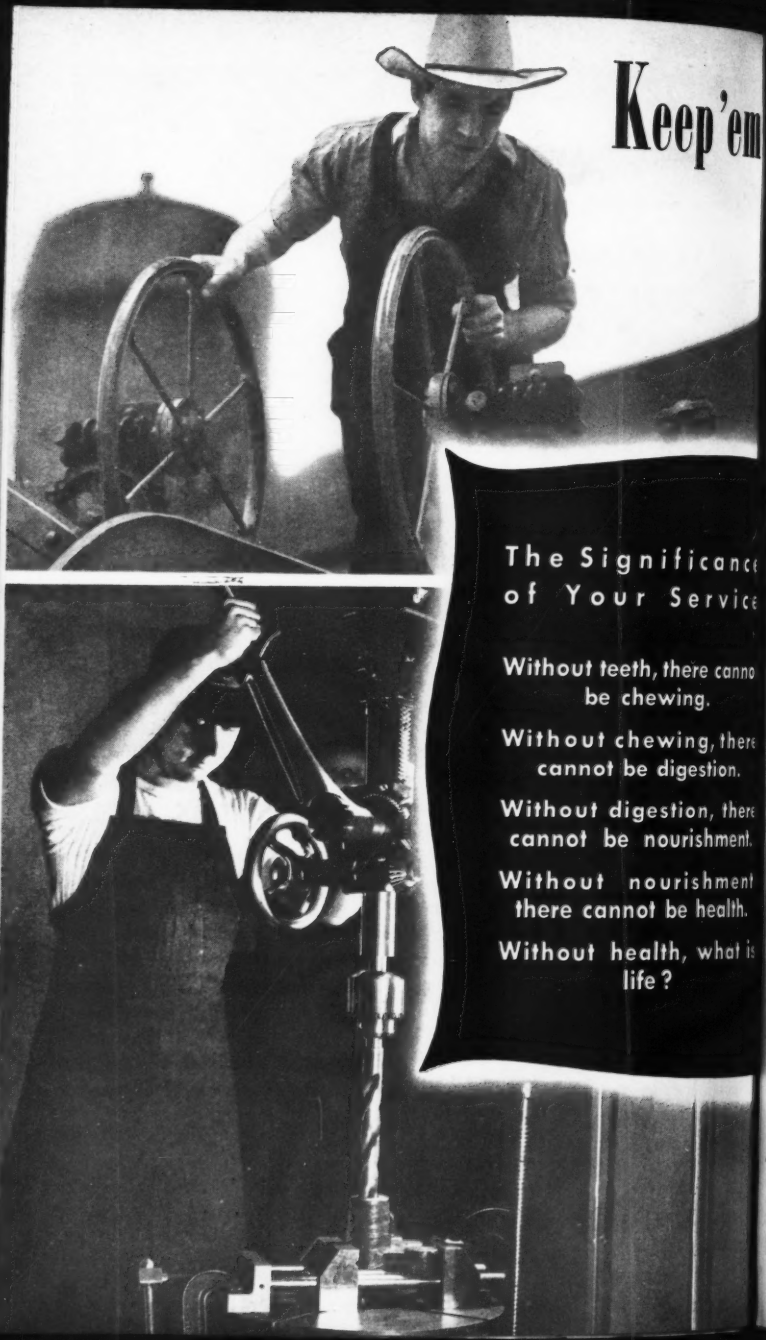


...PLATINUM-PALLADIUM-GOLDS

Any restoration . . . full or partial . . . naturally becomes a finer example of dental science when it is created from platinum-palladium-golds. These precious metals, available in suitable shades, provide strength above normal occlusal stresses. Their resiliency maintains correct fit, and contributes to mouth comfort.

In addition to physical advantages, these materials provide an important psychological factor. Patients understand the desirability of using precious metals in their mouths. They appreciate gold and platinum...and highly regard dentures of such obvious worth. *Both* you and your patients benefit by the use of platinum-palladium-golds.

Platinum Metals Division
THE INTERNATIONAL NICKEL COMPANY, INC.
67 Wall Street, New York, N. Y.


Keep'em
The Significance
of Your Service
Without teeth, there canno
be chewing.
Without chewing, there
cannot be digestion.
Without digestion, there
cannot be nourishment.
Without nourishment
there cannot be health.
Without health, what is
life?

CHEWING to keep 'em Fit

FROM all sides we are urged to keep ourselves physically fit. Sounds easy, doesn't it?

It would be easy if we were taught how heavily physical fitness rests on a foundation with which the dentist is closely connected—food.

We are told to choose food wisely. We must be taught that even the most wisely chosen food cannot defend the body unless it is thoroughly masticated and insalivated.

The body can digest unchewed food only at a physiological expense the body cannot afford.

The home front is the production front. It must be defended by millions of adults in homes, farms, factories. Many of them have lost some or all of their posterior teeth. They must be restored in such a way as to restore masticating efficiency and so defend physical vigor.

You can restore masticating efficiency by adapting Trubyte New Hue 20° Posteriors to opposing natural teeth or by replacing all inefficient natural posteriors with them.





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220 West 42nd St. New York, N. Y.

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HERE'S Triaction!

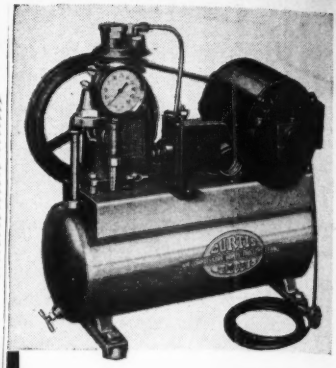


CAMPHO-PHENIQUE

...acts as an analgesic, decongestive and antiseptic — three characteristics that maintain its outstanding value in the treatment of herpes, gingivitis, periodontitis, non-specific stomatitis and ulcerations. Its local action on the oral mucous membrane promptly helps to relieve the pain, soothes the indurated area and tends to counteract the spread of the lesion.

Campho-Phenique Liquid provides that triple therapeutic action so essential to encourage rapid healing.

JAMES F. BALLARD, Inc.
700 N. Second St. • St. Louis, Mo.



CURTIS
Dental Pumps
Operate Quietly, Efficiently, at Low Cost

Curtis Automatic Dental Pumps are especially designed for this exacting service — to provide compressed air for the modern dentist. They reflect Curtis' 88 years of successful engineering experience and are precision built in every detail.

You'll find a Curtis Dental Pump extremely quiet in operation, highly efficient and thoroughly dependable. It provides clean, pure air at all times and operating costs are extremely low. It occupies small space, starting and stopping are completely automatic and requires no attention except occasional filling of oil reservoir. Uses a tasteless, odorless, colorless lubricant.

Compressed air saves you time, energy and money — it's an invaluable aid in operative dentistry and laboratory work — makes your work easier and better and patients appreciate its use. Write for Bulletin C-18.

CURTIS PNEUMATIC MACHINERY CO.
Division of Curtis Manufacturing Co.
1933 Kienlen Ave. St. Louis, Mo.

CURTIS

BECAUSE OF THE WAR...

we have suspended the manufacture of FLEERS *Dubble Bubble Gum*

When Malay fell to the enemy, the supply of certain essential gums ended. These particular gums are characterized by a chewiness and toughness necessary to maintain the unique qualities of Fleers Dubble Bubble Gum.

As a result, we have temporarily suspended the manufacture of Dubble Bubble. Of course we will resume its production at a later date—but not until we are satisfied that it can again be *properly* made. Meanwhile we will continue to manufacture our other chewing gum products. For a time, many dentists and many patients will miss the advantages of Dubble Bubble Gum, but just as soon as it is again available, all dentists will be advised.

FLEERS
DUBBLE BUBBLE
CHEWING GUM



FRANK H. FLEER CORPORATION
10th & Diamond Sts., Philadelphia, Pa.
Makers of fine chewing gum since 1885

. . . this gold denture





GOLD AND THE PLATINUM META

ture keleton weighs 6 dwts.

The weight of a typical gold partial structure is only a fraction of an ounce. Yet, it is interesting to know merely as a point of information, of course, that even if its weight were tripled, the patient could not detect the weight difference when the case is clasped in position.

In mouth service, weight of fixed or partial dentures cannot be felt at all because of the very principles of suspension upon which they are designed.

The major influences on the "comfort" of a restoration are first: "thinness of the structure" and second: "accurate-fit-to-tissue" that is possible only with modern high strength dental golds.

THE DENTAL *Sanette*

Will Add Much to the Appearance of Your Office



and is a practical, modern convenience of recognized utility.

The Dental Sanette is available in open and closed top models . . . for office, operating room, laboratory and reception room. In all the popular dental finishes. Write today for illustrated circular; include dealer's name.

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ETHYL CHLORIDE
U. S. P.



Preferred by the profession since 1902. Now supplied in sturdy, dispenseal bottle with automatic closure in two fl. oz. (54 gm) 3 fl. oz. (81 gm) and 4 fl. oz. (108 gm) sizes. Choice of fine, medium or coarse spray. The amber glass bottle is actinic ray resisting thus Gebauer's Ethyl Chloride is guaranteed to retain its purity indefinitely. Also supplied in the well known metal tube container with regulating valve in 40 gm. and 100 gm. sizes.

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for years and years of perfect service

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Save your present handpiece for oral work.

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REVELATION

TOOTH POWDER

ALSO recommended for keeping dentures bright and clean...



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LABORATORY POTENCY REFLECTED IN CLINICAL PERFORMANCE . . .

CĒPACOL

Brand of Alkaline Germicidal Solution





LABORATORY POTENCY...

The antiseptic potency of this unique oral solution is derived from the powerful non-mercurial germicide, Ceepryn (brand of cetylpyridinium chloride), a new development of Merrell Research, which, according to standard laboratory tests, has approximately *700 times the germicidal strength of phenol.*

CLINICAL PERFORMANCE . . .

RAPID GERMICIDAL ACTION—Cēpacol (containing Ceepryn 1:4000) has been proved capable of killing pathogenic bacteria common to the mouth and throat *in less than 15 seconds after contact.*

PROLONGED EFFECT—Tested *in the mouth,* Cēpacol has been found to have a bacterial effectiveness of 90%, *after 3 hours.*

GREATER PENETRATION—The exceptionally low surface tension of Cēpacol (34 dynes per sq. cm.) permits penetration into recesses and folds of mucosa not reached by other solutions. Its foaming detergent action liquefies stringy saliva and cleanses the mouth.

PLEASANT TASTE—When used as oral rinse or spray, Cēpacol has a delightful, refreshing flavor that appeals to your patients.

Cēpacol is available at prescription pharmacies in pints and gallons.

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TOOTH POWDER

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115th Year

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Steele's NEW HUE Interchangeable Facings have so largely replaced all other facings in popularity that after April 1st, dental depots will not carry in stock the Steele's Plain and Steele's Trubyte facings in T. C. shades 1-3-12-13-17-18-19-22-23 and 24.

However, the shades enumerated will not be discontinued, but will be carried in stock at the factory, and any requirements for Steele's Plain or Steele's Trubyte facings in these shades can be supplied without delay on special order.

Steele's

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Relkote is not a substitute for tinfoil—in many respects, it is a definite improvement. Separation is sharp, clean and finely detailed. Application is rapid; cost is far below that of foil.

The technique is simple: Flask case in the usual way; paint Relkote on tooth side of mold. Pack case; test with cellophane; and paint model side with Relkote just before closing.

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Assures
Clean Separation

Buy from your nearest Reliance dealer or write today for a $1 jar—sufficient for fifty cases or more. Your money refunded if not entirely satisfied.

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Simply add 3 parts plain water to 1 part Urell Concentrated Developer and Fixer —and start your films through!

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1 QUART CONCENTRATE $ .95
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Urell Inc.
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Your Goal — *Pleased Patients*
Our Goal — *Pleased Dentists and Patients*

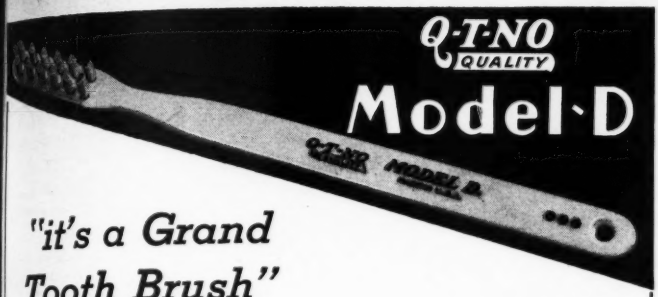
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Thousands of doctors have found merit in this simple formula:

Aspirin 3½ grs. • Acetophenetidin 2½ grs. • Caffeine ½ gr.

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These Pictures Tell WHY...

This Denture Lacked Stability

and

This Denture Has Positive Stability



HIS denture, made from an impression taken in a typical quick-setting impression material, required constant juggling to keep it in place, despite the air-chamber. As the bite and occlusion were good the trouble was in the conventionalized periphery. This periphery is not a true periphery; it provides no peripheral seal. It is "muscle-trimmed" in name only because it is not moulded to the muscles so as to allow freedom of muscular movement without dislodging the denture.

CAUSE: Impression materials which set in the mouth cannot accurately mould themselves to the tissues and cause over-extension or displacement of tissue with resulting discrepancies or exaggerations.

THIS denture, from an "ADAPTOL" impression of the same mouth, has positive stability. Its perfect tissue contact over the entire denture and perfect peripheral seal assure perfect retention.

Note its periphery. Note how "ADAPTOL" moulded itself about the frenum, the levators labii, the levators anguli oris, the buccinators and other muscle attachments, providing freedom of movement without breaking the peripheral seal.

REASON: "ADAPTOL" remains plastic and self-moulding at mouth temperature. It will not over-extend, displace or compress tissue. It will not set in the mouth until chilled with cold water.

For Positive Denture Stability

JELENKO Adaptol

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The Perfect Impression Material

AT YOUR DEALER—
BOX OF 6 TUBES
$3.50



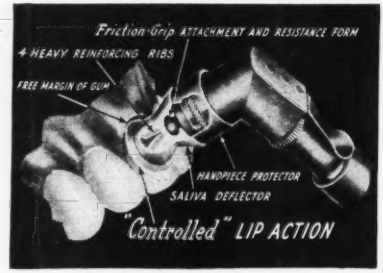
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Widths: 3/16", 1/4", 5/16", 3/8"
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Super-sensitive, clear marking, non-drying articulating paper. Tissue lined to prevent smudging fingers.

RED—Waxed Only
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45 ft. roll of celluloid; strong, smooth texture. Dispenser enables cutting to any size.

Ultra-thin—(.003") 3/8" and 1/2" wide
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THIS COUPON IS FOR YOUR EXCLUSIVE USE

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Order in this trial package. Use it freely on making several dentures. If you do not find it measures up to ALL THE CLAIMS made for it here, simply return the remainder to your dealer or to us . . . and all charges will be cancelled without question. YOUR decision is final.

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...n ordering your first trial pound, specify Clear, Mottled, or Plain.

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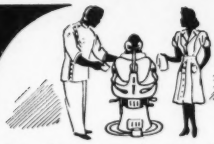
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Enjoy the pleasure of real comfort . . . and the satisfaction of smart appearance with ANGELICA S. You'll be surprised at their long wear . . . and their low cost. Every garment Tested and Approved and thoroughly guaranteed. Prompt, convenient service. Order today! Free delivery in U.S. if full payment accompanies order.

SMOCK *(at left).* Made of sturdy White Twill with pleated back and indestructible knot buttons. Sizes 34 to 48.

DRESS *(at right).* Princess style, opening full length with sewed-on White bone buttons. Detachable belt. Made of durable White Twill. Sizes 30 to 46.

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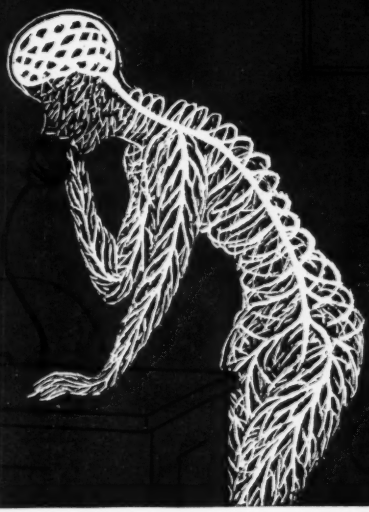
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Hy-Vac package patented U. S. Patent Number 2,215,479.



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COTTON ROLLS

These improved cotton rolls are a delight to the efficient dentist and are not harsh to the patient's mouth. They are actually **spun** from 100% pure surgical absorbent cotton to make them softer, more pliant and non-collapsible. They adopt easily into any position, are stretchable and small tufts are quickly detachable.

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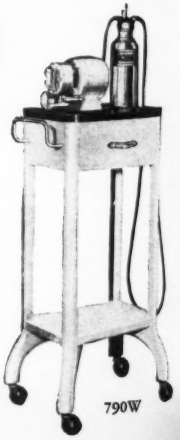
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Providing effective suction for the operating field, the Gomco Aspirator thoroughly and continuously removes blood and saliva... eliminates bothersome sponging... insures faster and more accurate work. Where analgesia and anaesthesia are used, the Aspirator averts the danger of a patient's inspiring foreign particles into the lungs... The Aspirator is modern in design, easy to control, built for years of service. Descriptive literature on request.

- *MINIMIZES TRAUMATISM of the tissues by efficient removal of infected material.
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More than half a century of specialized service to your Profession is behind every Dee formula . . . insurance enough that the supporting elements you use will be worthy of the skill you apply to the work of preservation and restoration.

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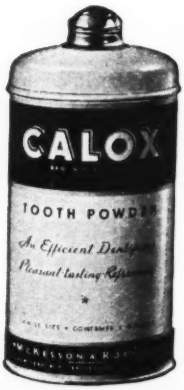
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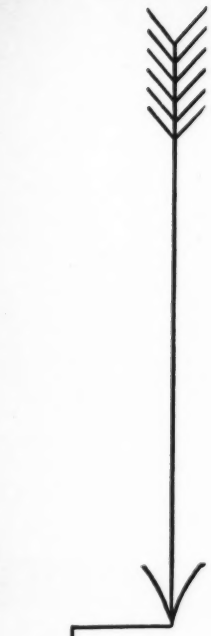
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The quality of resiliency in cast gold structures is the keynote to modern prosthetic principles. It is safely provided in cases made of Aderer Cast Golds.

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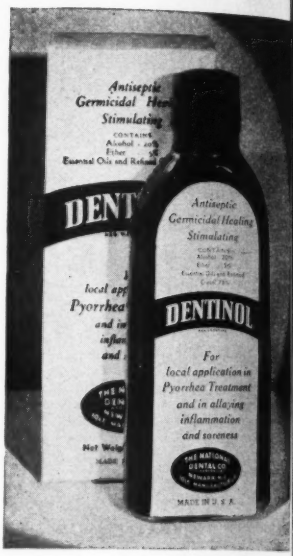
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DENTINOL is specifically designed to destroy the mixed micro-organisms always present in Pyorrhea and other oral infections without injury to the oral tissue. This well-known germicide has been successfully used by the dental profession for almost 40 years in the treatment of Pyorrhea and other oral infections, also as an aid in general practice.

DENTINOL is sold at your Dental Depot on a money back guarantee. We urge you to recommend PYROZIDE TOOTH POWDER for your patient's home cooperation, its DENTINOL medication makes it an ideal dentifrice to maintain a healthy mouth.

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Children who repeatedly suck their thumbs and bite their nails run the risk of transporting germs, dirt, grit and other foreign matter into their mouths and throats. This habit is not only unhealthy but very unbecoming to any child. Use Thum to discourage thumb sucking and nail biting.

THUM contains extract of capiscum (2.34%) in a base of acetone, nail lacquer and esopropyl alcohol. Applied like nail polish.

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The original Morton inhaler, with which was performed the operations at Massachusetts General Hospital.

Dr. John Collins Warren, senior surgeon of the Massachusetts General Hospital, advocated "humanization" of operative procedures. He tried to prevent pain by somnambulism. When Dr. Morton asked for a chance to demonstrate the "vapor" which would produce insensibility during operations he met with opposition from the medical society. It was unthinkable that a mere dentist could teach the learned physicians. But, Dr. Warren listened sympathetically and arranged for a demonstration by Dr. Morton. Despite the snickers of the audience, the operation was performed painlessly at the Massachusetts General Hospital on October 16, 1846.

Dr. Wells and Dr. Morton discovered anesthesia, but Dr. Warren, through his courage and foresight, made its demonstration to the world possible; thus hastened its adoption. Dr. Warren is, therefore, a *Man Against Pain.*

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from
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We, too, have tried to humanize operative procedure by improving containers and producing better anesthetics. Like Dr. Warren, we, too, gave the unknown and the untried a chance.

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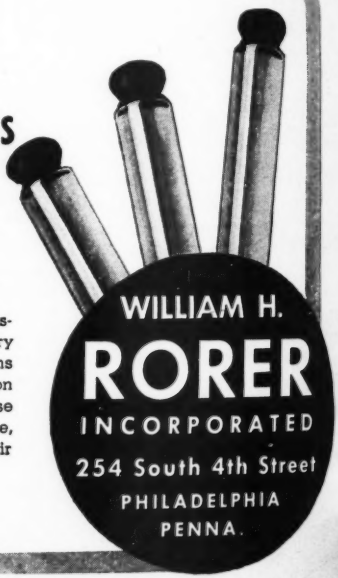
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PREPARED with pyrogen-free distilled water in a modern laboratory under scientific control, these solutions are offered to the dental profession with the confidence that clinical use will establish the value of the time, thought and care employed in their manufacture.

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"PERMANENT AS THE DENTURE ITSELF"

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AT LOW COST PER LINER TO YOU

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No Processing . . . Ready to use from the tube. No mixing, no heating, no guesswork.

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Simplified Technique . . . involving only about 20 minutes chair time.

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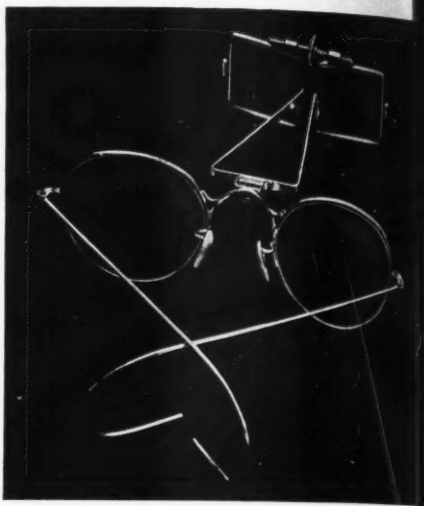
Designed for large field. Long, medium, and short focal ranges.

Extension can be turned up out of line of vision, and when worn can also be detached from frame permitting the use of smaller carrying case.

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We ask you to take good care of that equipment and to be patient if deliveries are slow and your orders cannot be filled for Torit Dental Supplies.

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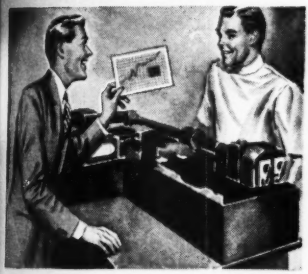
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1. DENTIST: Your ad says that Pepsodent Tooth Powder polishes teeth far brighter. Frankly, I'm skeptical. I'll have to see proof before I'll believe it.

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THANK YOU, DOCTOR! We appreciate your continued support and recommendation of Pepsodent products. Although wartime restrictions keep us from sending you samples as we would like to do, you may be sure that you will again receive them as soon as production permits.

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Since the dawn of history, various forms of physiotherapy have been employed for counter-irritation. Heliotherapy as a method of counter-irritation was practiced by Ancient Greeks. The warmth of the sun as a healing agent was so highly regarded that Aesculapius, son of Phoebus Apollo (Sun God of the Greeks) became God of Medicine according to ancient mythology.

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For the Relief of Pain

LORIS IS INDICATED CASES OF:

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There are many modern applications of the ancient practice of counter-irritation. In modern dentistry the use of Poloris is the generally accredited counter-irritant. The effect of Poloris Poultice may be focused precisely on the painful area, for quick pain relief. Because of its *local* action and therapeutic benefits, Poloris counter-irritant is preferred by many dentists to the *systemic* treatment of pain with internally taken drugs.

FOR FREE SUPPLY of Poloris Dental Poultices, mail your card or letterhead to Poloris Co., Inc., Dept. 1-D, 12 High Street, Jersey City, New Jersey.

Prescribe **POLORIS** *for Prompt Pain Relief*

DENTAL COUNTER-IRRITANT



ARE YOU *busier* than you have ever been before? Working harder than ever to serve not only your own patients but patients of dentists who have joined the Army or Navy? Perhaps your Reception Room is overcrowded, your appointment book chock full for days ahead. Perhaps, too, you put in longer hours, see less and less of your family—and all because office routine is piling up, paper work requires more time, seemingly unsolvable problems are increasing.

Wartime practices CAN BE put on a *sound* business basis. The Bosworth Practice Management Course can help YOU increase your productive time, help solve YOUR problems, make it easier to spend *more* time at the chair *profitably* with *less* trouble, *less* worry. Hundreds of busy dentists are taking advantage of this timely, definitely valuable service. A postcard or letter will bring full details. Write today!

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In addition to the use of general and local anesthesia during dental surgery, pre- and post-operative pain can usually be relieved by the use of Bayer-Tablets of Aspirin.

Bayer-Tablets of Aspirin enjoys a record of 40 years' service in the relief of dental pain.

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BAYER ASPIRIN

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2 important ways - use

1. Sterodent is ready mixed
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First - Patient strips teeth of mucin with pleasant OraClenz Coagulent mouthwash.

Then - Sterodent cleans and polishes *much faster* -- all in 1 operation. A pearly lustre with *time* saved!

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STERODENT cleanser



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Sizes 12-42. From $3.50 up.

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$3.10 PA-KAY LINENE 3 for $9.10

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Sessions held at intervals throughout the year. Date of next session on application. Classes limited.

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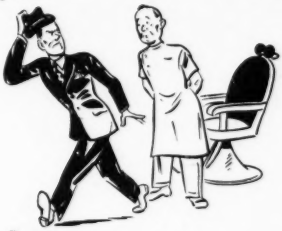
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- MADE OF BEST GUTTA PERCHA
- IS NOT MEDICATED
- WILL NOT IRRITATE TISSUE
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"Ouch" is a dangerous word!

When your patients suffer *unnecessarily*, your practice suffers, too . . . For safe and effective pain elimination you'll find Proco-Sol thoroughly dependable, easy to use and economical. Order from your local supply depot.

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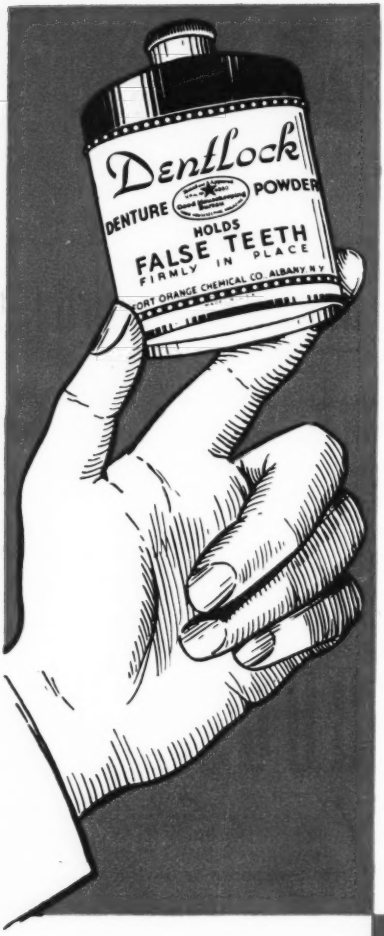
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You've just completed a denture . . . fitted it . . . made the last little adjustment. You're pleased . . . your patient is happy. Keep her (or him) that way . . . present a sample of

DENTLOCK

DENTURE POWDER

DENTLOCK helps hold dentures in place, gently, pleasantly, but firmly. It cushions and soothes tender gum ridges, increases mouth comfort throughout the trying "break-in" period. Its recommendation by you is an easy way to forestall mouth irritation and keep patient confidence.

DENTGLO

BRUSHLESS CLEANSER

Start your patients right on denture sanitation. DENTGLO Brushless Cleanser cleans by immersion . . . no brushing to destroy fit and alignment.

KEEPS DENTURES CLEAN AND ODORLESS WITHOUT BRUSHING



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"I STANDARDIZE ON CRYSTOLEX *because*—"

1. As the pioneer Powder & Liquid Acrylic, Crystolex gave me my first acrylic denture experience.
2. My patients' Crystolex Dentures have always given satisfactory performance.
3. I know Crystolex to be processed especially for my use in Dentistry.
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5. Crystolex is manufactured by Kerr, an old-line supplier of high quality dental materials, in whom I have confidence.

KERR *Crystolex*

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A Perfect Combination

Palatex Req. U.S. Pat. Off. and in Foreign Countries



Acryfoil Req. U.S. Pat. Off. and in Foreign Countries

Denture Acrylic

A beautiful, durable, high quality methyl-methacrylate resin which meets A.D.A. Specifications. If you can boil water, you can process Palatex. The only equipment needed is a pan in which to boil water, a denture flask and a flask press.

Palatex will not crack teeth.

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Non-inflammable. Contains no harmful solvents.

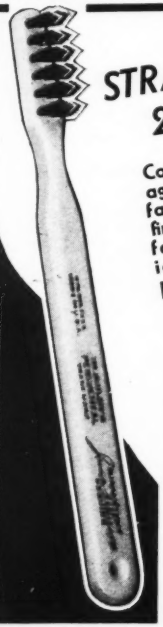
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A 10 cc. bottle of Acryfoil, enough for 2 cases, free with your order for 1 or 2 Units of Palatex.

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STRAIGHT HANDLE— 2 ROW

the ideal stimulating and cleansing agent

Considering one type of brush only—and most of us agree patients will use only one type, it is a proven fact that the design of the Dr. Butler brush with straight firm handle and two rows of bristles, make it possible for the patient to cleanse every tooth surface conveniently and effectively.

DR. BUTLER Tooth Brush

Make your own comparison—send 40c for two adult brushes. Then compare with any other brushes on the market. See for yourself why the DR. BUTLER is so often called "the ideal stimulating and cleansing agent."

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enclose 40c for two brushes. Send me— (Do not send checks) (Stamps or coin only)

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City and State.....

Remember Little Johnny?



Remember the first day his Mother brought him to your office? He was a little guy but all boy. He wasn't sure he trusted you at first. His confidence had to be earned. Kids are like that. But there seemed to be something grand in having earned the confidence of a little guy like Johnny, and you and he got along fine. He was glad you were his dentist. You were proud to have his friendship.

Under his khaki shirt he is still the same loveable, lively kid. But as a soldier he is tough, and sure of his toughness—measuring up to a man's full share of the world's most important job. You're looking eagerly and prayerfully for Johnny's return but in the meantime it is a grand thing to remember him as a patient to whom you have contributed health and character.

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IN IMPRESSION TAKING WITH zēlex

ZELEX is the new, modern, impression material that requires no boiling, no cooling, no special equipment.

zēlex is the impression material dentists have looked for always. It's as simple to mix as plaster (merely add water, stir until smooth, and the material is ready for the tray). Yet ZELEX has all the one-piece accuracy of the hydrocolloids.

ZELEX is extremely tough, yet flexible and elastic enough to pull out easily from difficult undercuts without cracking or breaking.

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ZELEX is not a substitute for—but a big improvement over hydrocolloids—far easier and simpler to use.

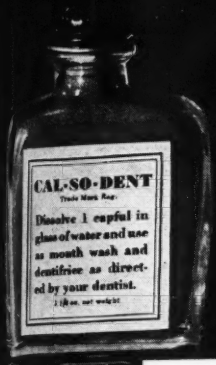
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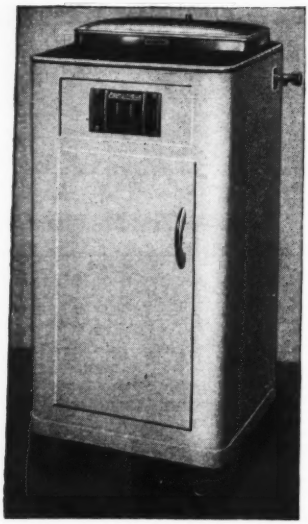
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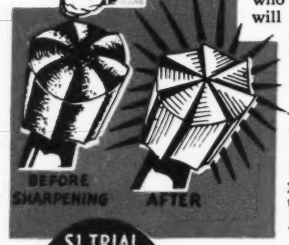
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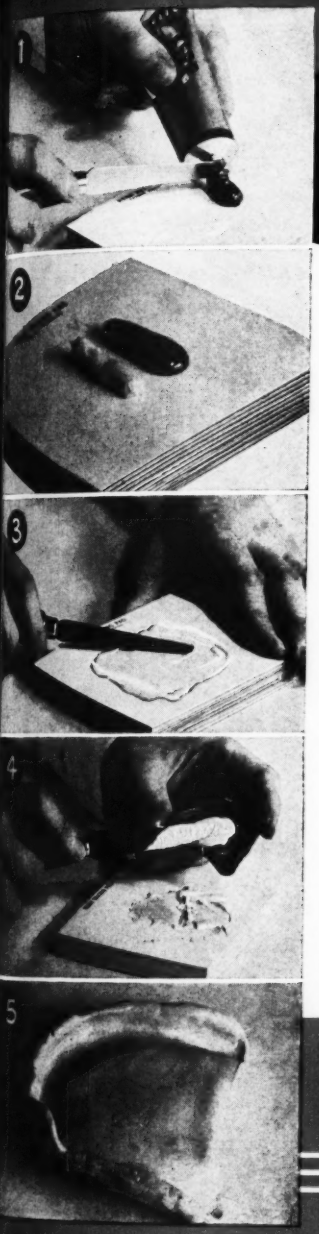
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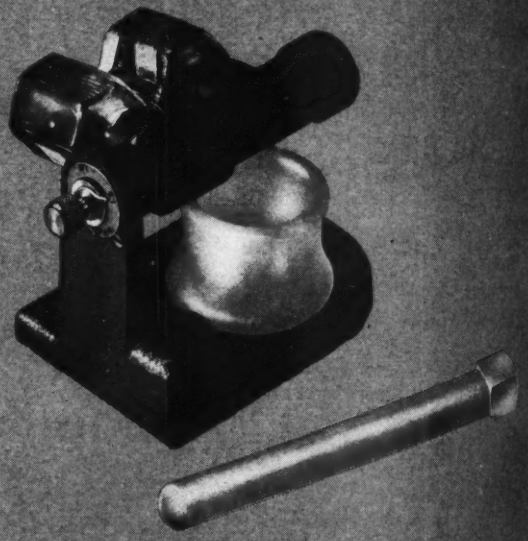
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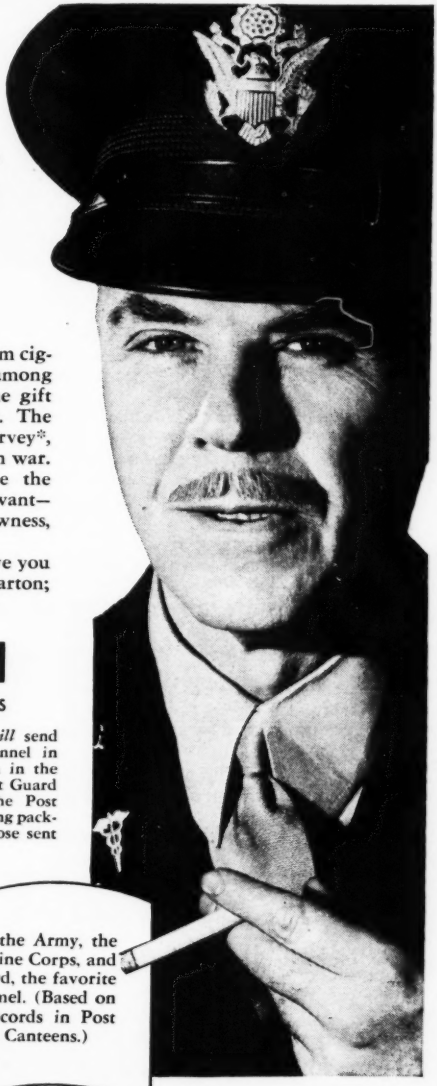
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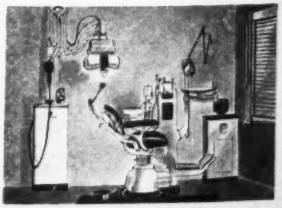
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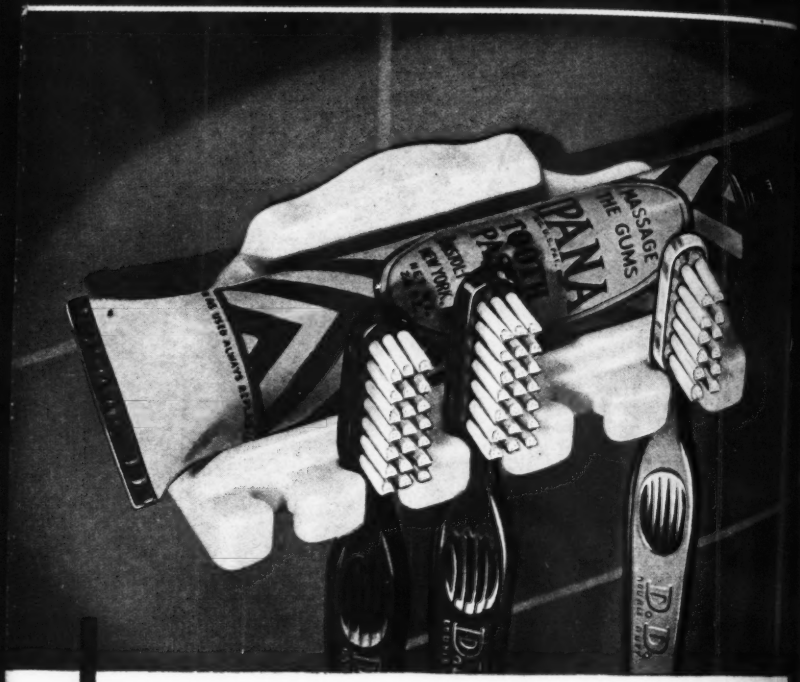
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